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ABSTRACT

This curriculum guide contains the materials required to teach a course in maternal and neonatal care that will prepare students for employment as practical nurses. The course's five instructional units cover procedures for caring for the following: prenatal patients, patients in labor and delivery, postpartum patients, healthy neonates, and neonates with potential problems. Each unit contains some or all of the following: objective sheets, suggested activities, handouts, supplements, transparency masters, instructional supplements providing suggestions for teaching basic skills, activity sheets, assignment sheets, job sheets/skill test records, written tests, and assignment sheet and test answers. Academic skills training is combined with vocational training throughout the instructional materials. To assist teachers in identifying activiites that promote basic skills development, a marking system of simple graphic symbols, or icons, is used to denote which of the following nine general basic skill categories is being emphasized: reading, science, creative thinking/problem solving, writing, oral communication, employability, math, interpersonal skills, and social studies. (MN)

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ED 410 455

Maternal and Neonatal Care

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Teacher Edition

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Maternal and Neonatal Care

Developed by the
Curriculum and Instructional Materials Center
for the Division of Health Occupations Education
Oklahoma Department of Vocational and Technical Education

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HO 1035

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FOREWORD

This publication is one of ten comprehensive courses from the Practical Nursing series of competency-based curricula developed by the Curriculum and Instructional Materials Center. It is designed to prepare students for employment by systematically guiding the students' learning activities from the simple to the complex.

A major challenge in the development of these materials has been to identify content and learning activities which will prepare health care practitioners who can function effectively in the rapidly changing health care industry. To meet this challenge, we have relied heavily upon the input and support of health care industry professionals.

The information found in each of the courses in the Practical Nursing series will help the instructor plan and implement a systematic learning process which will ensure student mastery of specific outcomes. Although we believe these publications do provide a systematic, functional curricula, instructors are encouraged to localize, individualize and supplement these materials to meet specific student/client needs.

Roy Peters, Jr.
State Director

Gail Pearson
State Supervisor
Health Occupations Education

PREFACE

This publication is a result of our belief that each student *can learn* and reach occupational competency when given enough time and instruction. The information included in this guide (its scope) is based on the competencies identified by a committee of health care industry professionals. The intention of those who gave their time, talent and knowledge in developing this learning package was to produce competent health care professionals.

To be competent, health care workers must be able to *perform* certain tasks. Knowledge without performance is of little value. Each unit provides students with opportunities to apply the information presented through practice performance. We believe that students completing this portion of the practical nursing curriculum and mastering each task will become truly competent health care providers.

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ACKNOWLEDGEMENTS

The Curriculum and Instructional Materials Center (CIMC) extends its appreciation to those individuals who played important roles in the development of *Maternal and Neonatal Care.*

A generous thank you is extended to the professional individuals who served on the *Maternal and Neonatal Care* curriculum task analysis and validation committees. Their contributions of time, talent, and knowledge in determining the content of this publication are greatly appreciated.

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We also thank the State Director, Dr. Roy Peters, Jr., and Assistant State Director, Dr. Charles O. Hopkins, for their continued support throughout this project.

Oklahoma Department of Vocational and Technical Education Health Occupations Education staff who provided leadership and direction on this project also deserve special recognition.

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Special recognition goes to Lois Robinson for writing the units on maternal care and to Kathryn Jackson for the neonatal care units.

Others who deserve recognition for their work on this publication are: Brenna Tillman and Charlotte Tarkington, for their desktop publishing work; Sandra D. P. Williams, Ph.D., for her work on unit organization; Lisa Tillman, LPN, for technical review of the material; Ann Johnston, for her editing and proofreading work; and Michael Wilson, for his word processing work on the units.

Special thanks go to Dr. Charlotte Rappsilber, former Associate Director of Nursing Education at the Oklahoma Board of Nursing, Oklahoma City, Oklahoma, and to Dr. Lou Ebrite, Teacher Educator, University of Central Oklahoma, Edmond, Oklahoma, for their support throughout the validation process.

Only through the close cooperation of the Curriculum and Instructional Materials Center staff was this curriculum developed. Sincere thanks are shared with the CIMC coordinators.

John Friedemann
CIMC Team Leader

Lynna Ausburn, Ph.D.
Development Coordinator

Special appreciation is offered to Terri Tomson, CIMC secretary, who assisted in all administrative aspects of the publication and processed the mountain of paper work necessary to complete this publication.

Special recognition and thanks are also extended to other individuals within the Oklahoma Department of Vocational and Technical Education involved in the development process: Darrell Stiles and his staff at the CIMC Warehouse; Noel Wilcoxson, Danny Darrow, and Diane Ensign and the entire staff at the ODVTE Print Shop; and Bob Davis and the artists in the ODVTE Art Department.

Finally, a big thank you to all other curriculum development specialists and technical writers who offered both their technical and moral support during this project.

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USE OF THIS PUBLICATION

INSTRUCTIONAL UNIT

Maternal and Neonatal Care contains five units. Each instructional unit includes some or all of the basic components of a unit of instruction: performance objectives, suggested activities for the teacher, information sheets, job sheets, written tests, and answers to assignment sheets and written test, all of which are included in the instructor's edition. The student workbook includes the objective sheets, information sheets, supplements, assignment sheets, and job sheets. Written tests may be duplicated for classroom use or *additional copies* may be purchased by calling 1-800-654-4502 or, in Oklahoma, 1-800-522-5810, ext. 589.

All of the unit components tie into measurable and observable learning outcomes. Instructors are encouraged to supplement these components with other resources in order to make them as responsive to local conditions and individual needs as possible.

Most units of instruction are designed for use in more than one lesson or class period of instruction. Careful study of each unit of instruction by the instructor will help him or her determine the following:

- Amount of material that can be covered in each class period.
- Skills that must be demonstrated.
  - Supplies and equipment needed
  - Amount of class time needed for demonstrations
  - Amount of time needed for student practice
- Supplementary materials, including print and non-print media, that must be ordered.
- Resource people who must be contacted.

Objective Sheet (White Pages)

Each unit of instruction is based on the performance needed for successful employment in an occupational area. Performance objectives are stated in two forms: unit and specific objectives. The unit objective states the overall goal of the unit. It tells what the student should be able to do and what standard will be used to see whether the student can do it. Specific objectives outline the teaching sequence of the competencies required to meet the unit objective.

The objectives should be provided for students and stressed throughout the teaching/learning process. This will help answer any questions concerning performance requirements for each instructional unit. The objectives can also help determine teaching strategies and instructional methods. Instructors should prepare for each unit by deciding how each objective could be best taught.

Instructors should feel free to modify, delete, or add objectives in order to meet the needs of the students and community. When objectives are added, the instructor should remember to supply the needed information, assignment and/or job sheets, and criterion-referenced test items.

Suggested Activities (Pink Pages) – **Instructor's Edition only**

The suggested activities page assists the instructor during the preparation stage of the teaching/learning process by providing suggestions for delivery, application, and evaluation during the instructional process. The instructor should read the suggested activities prior to introducing the unit to allow time to obtain supplemental materials, prepare audiovisual materials, and contact outside resources. Duties of the instructor will vary according to the particular unit.

References used in the development of each unit are listed in the "Suggested Resources" section, along with print and non-print media that may be used to teach the unit. These materials can be used by the instructor to supplement his or her knowledge of the subject area or to help students with particular interests or occupational objectives in the area covered.

Information Sheets (Green Pages)

The information sheet provides "must know" content essential for meeting the cognitive objectives stated at the beginning of each unit. It serves as an excellent guide for presenting background knowledge necessary to develop the skills specified in the unit objective.

Students should read the information sheet before it is discussed in class. Space is provided in margins for students and instructors to add notes that clarify and/or expand on the information provided.

The information sheet may include notes, cautions, or warnings. These should be discussed carefully and thoroughly. **Notes** are short verbal additions to the information sheet or procedural outline that provide nice-to-know and decision-making information. A note may tell the student what to watch for or to consider at a given step. It may explain when a step may not be applicable. Notes offer guidance that may help the student understand the process and do it more efficiently.

The American National Standards Institute has defined the signal words for hazard alert messages used in information sheets and job sheets. The following definitions are from ANSI Standard Z535. **Caution** indicates a hazardous situation which, if not avoided, may result in minor or moderate injury. **Warning** indicates a potentially hazardous situation which, if not avoided, could result in death or serious injury. **Danger** indicates an imminently hazardous situation which, if not avoided, will result in death or serious injury.

Student Supplement (Green Pages)

Student supplements include instructions that could be used for solving problems or reinforcing the enrichment of learning. The information presented in a student supplement may consist of tables, charts, written information, forms, or other information students will need in order to complete one or more of the assignment or job sheets. While supplements are not tested over directly, they may be used to assist in meeting the performance objectives.

Transparency Masters (White Pages) - **Instructor's Edition only**

Transparency masters provide information in a special way. The students may see as well as hear the materials being presented, thus reinforcing the learning process. Transparencies may present new information or they may reinforce information presented in the information or assignment sheets.

Transparencies should be made and placed in the notebook where they will be immediately available for use. Transparencies direct the class's attention to the topic of discussion. They should be left on the screen only when topics shown are under discussion.

Instructional Supplements (Pink Pages) — **Instructor's Edition only**

Instructional Supplements provide suggestions for teaching the basic skills included in each assignment sheet or job sheet. They are located directly in front of the components they support–assignment or job sheets–in each unit.

Assignment Sheets (Tan Pages)

Assignment sheets provide students with information and exercises that address learning levels at or above the application level of Bloom's taxonomy. Assignment sheets provide written exercises for instruction and practice of a specific objective. The introduction to the assignment sheet explains how the assignment sheet relates to the subject area and unit objectives and may provide instructional information or refer students to another component for such information.

Assignment Sheet Answers (Pink Pages) – **Instructor's Edition only**

This component is designed to assist the instructor in evaluating student performance on assignment sheets.

Job Sheet/Skill Test Record (Blue Pages)

Job Sheets are step-by-step procedures for performing occupational (psychomotor) tasks. They may have a brief introduction if necessary for clarification or safety. The Skills Test, a series of check-off steps and overall competency indicator, is combined with the Job Sheets. The check-off list allows instructors to evaluate a student's process performance of the task on the Job Sheet. The overall competency indicator allows the instructor to evaluate the end product. Every unit must have at least one Assignment Sheet or Job Sheet.

Written Test (Yellow Pages) – **Instructor's Edition only**

This component provides criterion-referenced evaluation of every objective listed in the unit of instruction. If objectives have been added, deleted, or modified, appropriate changes should be made on the test.

In order to measure and document student competency gains as required by the latest Carl Perkins regulations, and as outlined in the Oklahoma-developed system of standards and measures, it is **absolutely essential** that the same test be used as a pretest and as a posttest. If you choose to use tests other than the ones included herein, be sure that the same instrument is used for each activity – pre- and post test.

A detailed explanation of the Oklahoma plan for standards and measures and the Carl Perkins requirements is included in the CIMC publication, *Measuring Learning & Competency Gain: The Pretest/Posttest Approach.* This booklet and accompanying software designed to assist in calculating and recording student gains are available to all vocational teachers through the school's vocational testing liaison.

To further assist vocational teachers, the CIMC is in the process of developing test code sheets for each written test in its more recent publications, including this one. These code sheets are explained in Section 8 of the publication mentioned above, and will greatly assist in verifying that the test is a valid instrument for measuring student learning and competency gains. As the test code sheets for programs become available, they will be forwarded to teachers of each program; further publications will include the test code sheets.

Written Test Answers (Pink Pages) – **Instructor's Edition only**

This component is designed to assist the instructor in evaluating student performance on written tests.

Answers to Assignment Sheets and Written Tests (pink pages) – **Instructor's Edition only**

These components are designed to assist the instructor in evaluation of student performance. They are available in the teacher's edition only.

COMPETENCY PROFILES

A competency profile is available from CIMC Resale for each publication. Competency profiles document student performance. The profile contains a list of the specific job competencies that a student should achieve before leaving the training program.

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DISCLAIMERS, CORRECTIONS AND SUGGESTIONS

Materials

Please note that suggested resources and references listed in this publication existed when this publication was written. CIMC assumes no responsibility for providing these materials and cannot ensure the availability of these materials as individual vendors, manufacturers, and publishers may discontinue these products at any time.

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The Curriculum and Instructional Materials Center (CIMC) wants to provide vocational instructors and students with materials that are accurate and effective. Although the CIMC strives to maintain the highest standards of development and production, oversights occasionally do occur. The CIMC assumes no responsibility for any adverse effects resulting directly or indirectly from the information, suggested procedures, undetected errors in or the reader's misunderstanding of the information presented.

Corrections and Suggestions

If you find any errors in this or other CIMC publications, or have suggestions for improving their usefulness in vocational programs, please notify the CIMC staff. One easy way of pointing out errors is to make a photocopy of the affected page and to indicate the correction on the copy. Mail this information to the CIMC, where it will be used to correct the publication before the materials are reprinted.

To ensure that the material is updated on a timely basis, notify the CIMC of necessary corrections as soon as possible after discovering the error. Do not assume that someone else will notice the error and inform the CIMC; other users may be making the same assumption. Please send corrections and recommendations for improving this publication to the following address:

Coordinator of Development
Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and
Technical Education
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Stillwater, Oklahoma 74074-4364

For a free catalog, a list of new publications, or other instructional materials information call 1-800-522-5810, extension 589.

BASIC SKILLS IN CURRICULUM

Since its inception in 1969, the Curriculum and Instructional Materials Center (CIMC) of the Oklahoma Department of Vocational and Technical Education has provided quality, competency-based instructional materials for vocational training programs. During this time, the CIMC has been mindful of the importance of reinforcement (and sometimes remediation) of students' academic skills as they progress through vocational training, and has always included activities in its materials to enhance and promote use of these skills.

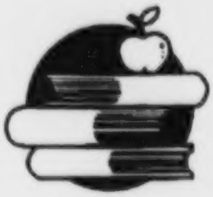
In response to changing job requirements, federal and state legislatures are enacting laws setting stringent basic skills requirements for nonvocational and vocational education. State legislatures are increasing basic skills accountability for teachers and school administrators. The recently enacted Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (P.L. 101-392) mandates academic skills development in vocational training. In addition, business and industry are delivering the message clearly to educators that vocational competence now requires increased strength in the basic skills.

As noted earlier, it is not new for CIMC materials to contain information and activities that develop basic skills competencies in students taking vocational training. What **is** new is the documentation or flagging of basic skills in CIMC materials, and further enhancement of basic skills activities. To accomplish this, the CIMC has developed a "Five Point Approach to the Integration of Basic Skills into the Curriculum." Following is a brief description of this process.

I. Basic Skills Icons

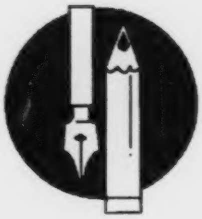
To assist teachers and students in identifying activities that promote basic skills development, the CIMC has implemented a marking system that uses simple graphic symbols, or icons, to denote which of nine general basic skill categories is being emphasized. These icons are located in the left margins of assignment, activity, and job sheets. The nine basic skill areas are as follows:

Reading Skills



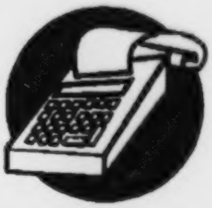
The activities identified by this icon deal specifically with developing reading skills in an applied, job-related context. These range from general information-gathering activities to tasks requiring use of specific technical reference materials.

Writing Skills

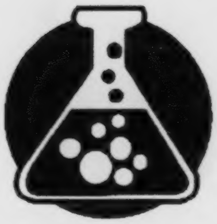


Tasks identified with this icon promote development of skills in written communication ranging in complexity from filling out forms to the written expression of ideas and concepts related to vocational exploration or performance.

Mathematics Skills



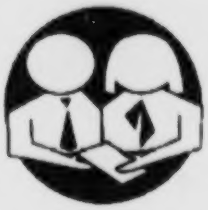
This icon identifies activities that develop vocationally related skills in computation; measurement and estimation; selection and application of appropriate mathematical process; and collecting, displaying, or interpreting data.



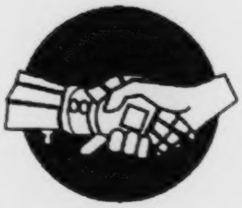
Science Skills

The science icon marks activities that are related to the development of skills in either the physical or biological sciences. These skills stress occupationally related applications of science and technology.

Oral Communication Skills



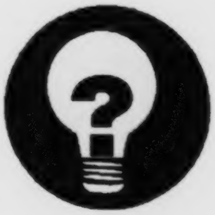
This icon identifies activities that promote development of effective speaking and listening skills. They include practice in such areas as speaking techniques, word choice, nonverbal messages, use of communication media, and using active listening techniques.



Interpersonal or Relating Skills

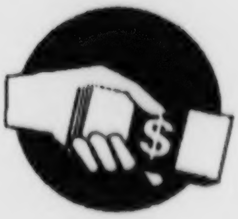
Activities that deal directly with skills in relating to others are marked with this icon. This includes areas such as group processes and dynamics, negotiation, dealing with conflict, and leadership/motivation.

Creative Thinking and Problem Solving Skills



This icon identifies activities that stress development of higher-order thought processes such as problem identification and analysis, lateral thinking, evaluating alternatives/outcomes, and developing solutions.

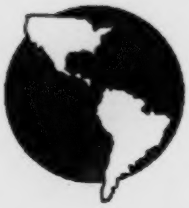
Employability Skills



Activities marked with this icon relate to competencies required to obtain employment and develop a career. These competencies include specific occupational tasks and more general items such as career planning, job search, business etiquette, and maturing in one's work environment.

Social Studies Skills

This icon is used to identify activities that stress competencies in fields relating to human society and its distribution and relationships. This includes all the social sciences such as history, economics, geography, demographics, current events, cross-cultural studies, consumer issues, environmental issues, and ethical concerns in science and technology.



Some activities in the CIMC materials develop skills in more than one of the nine basic skill areas. In cases where the relative strengths of the skill elements are clearly discernable, the icon used is the one judged to be the primary, or the most heavily emphasized, activity. When there is no clear-cut difference between importance of skill area, multiple icons are used.

II. Enablers

Once the **general** basic skill activity has been identified by an icon, the CIMC takes the process one step further by indicating the **specific** skills that are addressed in an activity. This is accomplished by using enabling skills, or "enablers."

Lists of enablers, or specific skills required for each activity, have been developed at CIMC for each of the nine basic skills areas. The enablers have been grouped into sets of related skills under each icon. The list of general skill categories under each icon is as follows:

Reading Comprehension Skills
Research and Reference Skills
Functional Reading Skills

Language Skills
Composition Skills
Research Skills
Functional Writing Skills

Operation and Calculation Skills
Math Application Skills
Data Analysis and Display Skills
Functional Math Skills

General Science Skills
Life Science Skills
Physical Science Skills
Earth Science Skills

Oral Presentation Skills
Listening Skills
Interactive Communication Skills

General Relating Skills
Teamwork/Cooperative Skills
Leadership/Influencing Skills

Enablers
Cognitive Activities Skills

Job Search/Selection Skills
Job Acquisition/Development Skills

Information Analysis Skills
Social Studies Application Skills
Functional Social Studies Skills

Applicable enablers, grouped under their general categories, are listed beneath each icon in the left-hand margin of the activity, assignment, and job sheets. For example, an exercise that requires a student to conduct library research would make necessary the use of specific reading comprehension and research and references skills. The basic skills that the exercise is promoting would be depicted in the margin as follows:

Reading
Comprehension Skills
- Gain information

Research and
Reference Skills
- Select useful resources
- Find materials in library

[Text]

OBJECTIVE SHEET

CARE FOR THE PRENATAL PATIENT

I

INTRODUCTION

The practical nurse working in a physician's office or clinic must know the many facets of the prenatal patient. The LPN will do patient teaching, so it is imperative to know about the development of the growing fetus within the uterus, signs and symptoms of pregnancy, prenatal testing, normal physiological occurrences, different types of child birth classes, and potential complications of the prenatal patient. Without this knowledge the student or practical nurse will be unable to care effectively and safely for the prenatal patient.

UNIT OBJECTIVE

After completing this unit, the student will be able to identify terms and perform skills associated with the prenatal patient. The student will show these competencies by completing assignment sheets, job sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Nursing Principles and Skills, Body Structure and Function, Nutrition and *Pharmacology*

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with the prenatal patient to their definitions.
2. Select presumptive, probable, and positive signs of pregnancy.
3. Match prenatal stages of development with their gestational periods.
4. Choose the word or phrase to complete statements about the characteristics and functions of the placenta and umbilical cord.
5. Discuss assessment of the prenatal patient.
6. Choose the word or phrase to complete statements about common prenatal medical diagnostic tests and their purposes, patient preparation, interpretations, and post-test care.
7. Choose the word or phrase to complete statements about physiological changes that occur in each body system during pregnancy.

8. Choose the word or phrase to complete statements about the promotion of positive health for prenatal patients.

9. Select prevention techniques and treatments for prenatal patients with minor discomforts.

10. Choose the word or phrase to complete statements about ectopic pregnancy, including contributing factors, assessment, diagnostic evaluation, and nursing interventions.

11. Choose the word or phrase to complete statements about the assessment of and nursing interventions for a hydatidiform mole.

12. Choose the word or phrase to complete statements about the assessment of, nursing interventions, and expected outcome for hyperemesis gravidarum.

13. Select from a list predisposing factors of spontaneous abortions.

14. Choose the word or phrase to compete statements about assessment of, nursing interventions for, and management of types of spontaneous abortions.

15. Choose the word or phrase to complete statements about the legal aspects of, indications for, and counseling before therapeutic abortions.

16. Choose the word or phrase to complete statements about nursing interventions for abortion.

17. Choose the word or phrase to complete statements about abruptio placentae.

18. Choose the word or phrase to complete statements about placenta previa.

19. Choose the word or phrase to complete statements about classification of diabetes in pregnancy.

20. Choose the word or phrase to complete statements about the pregnant diabetic woman.

21. Choose the word or phrase to complete statements about pregnancy-induced hypertension (PIH).

22. Choose the word or phrase to complete statements about the signs and symptoms of mild and severe preeclampsia.

23. State safety nursing interventions for eclampsia seizures.

24. Choose the word or phrase to complete statements about multiple pregnancy.

25. Choose the word or phrase to complete statements about functional classification of patients with cardiac disease.

26. Choose the word or phrase to complete statements about cardiac diseases as related to pregnancy.

27. Choose the word or phrase to complete statements about disseminated intravascular coagulation (DIC).

28. Research current trends in maternal and neonatal care. (Assignment Sheet 1)

29. Complete obstetrical care study for prenatal patient. (Assignment Sheet 2)

30. Monitor fetal heart tones using a fetoscope. (Job Sheet 1)

31. Apply electronic fetal monitors. (Job Sheet 2)

32. Assess deep tendon reflexes (DTRs). (Job Sheet 3)

PREPARATION

- Order materials to supplement unit.
- Devise a crossword puzzle which uses the terms in Objective 1.
- Invite an educator for prepared childbirth to visit, or ask permission for class to attend a childbirth class.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time
- Contact the state health department to obtain current vital statistics concerning birth rate and maternal and fetal morbidity and mortality rates.
- Make a bulletin board of articles that address current issues on pregnancy.
- Visit the obstetrical department in your hospital.
- Discuss agencies in your community concerned with maternal and neonatal care.

DELIVERY

Objective 1: Match terms associated with the prenatal patient to their definitions.

- Discuss and review the terms and their definitions.
- Devise a crossword puzzle using the terms, or have students make a wall-sized crossword puzzle.
- Discuss Assignment Sheet 1.
  - Set criteria for reports, either oral or written.
  - Allow about a week for students to complete their research and prepare the report.

Objective 2: Select presumptive, probable, and positive signs of pregnancy.

- Discuss presumptive, probable, and positive signs of pregnancy.

- Devise a team game where students identify the signs as presumptive, probable or positive.

- Allow primi- and multigravida women to share their experiences with each of these signs.

Objective 3: Match prenatal stages of development with their gestational periods.

- Discuss prenatal stages of development and their gestational periods.

- Show TMs 1 - 4.

- Discuss common emotional reactions that occur in these stages.

Objective 4: Choose the word or phrase to complete statements about the characteristics and functions of the placenta and umbilical cord.

- Discuss the placenta and umbilical cord.

- Refer students to reproductive units in *Body Structure and Function* or other anatomy and physiology texts.

- Use plastic models to illustrate and expand on these organs.

Objective 5: Discuss assessment of the prenatal patient.

- Discuss assessment of the prenatal patient.

- Discuss factors that contribute to high-risk status of prenatal patients such as:

    - patient age
    - socioeconomic status
    - martial status
    - inadequate antepartal care
    - high parity
    - emotional disturbances
    - drug addictions
    - alcoholism
    - heavy smoking

- Share your personal experiences with assessments.

- Provide several different assessment forms for student use.

Objective 6: Choose the word or phrase to complete statements about common prenatal medical diagnostic tests and their purposes, patient preparation, interpretations, and post-test care.

- Discuss prenatal medical diagnostic tests.

- Provide students with sample test results for review and interpretation.

- Invite an OB/GYN to discuss tests, their procedures and interpretation.

Objective 7: Choose the word or phrase to complete statements about physiological changes that occur in each body system during pregnancy.

Objective 8: Choose the word or phrase to complete statements about the promotion of positive health for prenatal patients.

Objective 9: Select prevention techniques and treatments for prenatal patients with minor discomforts.

- Discuss physiological changes that occur during pregnancy, the promotion of positive health, and the prenatal patient with minor discomforts.

- The pregnant woman must live with the changes that occur within her body as a result of pregnancy. These changes may influence her daily routine, her eating habits, her style of dress, her walk, her appearance, her feelings, etc. Discuss how a woman might be affected by each of the following if she were pregnant.

  - increased vaginal secretions
  - enlarging uterus
  - horizontal position of the stomach
  - enlarging of the breasts
  - chloasma
  - mobility of the pelvic joints
  - edema of the feet
  - weight gain
  - varicose veins

NOTE: Objectives 10 through 28 address complications of pregnancy.

Objective 10: Choose the word or phrase to complete statements about ectopic pregnancy, including contributing factors, assessment, diagnostic evaluation, and nursing interventions.

Objective 11: Choose the word or phrase to complete statements about the assessment of and nursing interventions for a hydatidiform mole.

Objective 12: Choose the word or phrase to complete statements about the assessment of, nursing interventions, and expected outcome for hyperemesis gravidarum.

Objective 13: Select from a list predisposing factors of spontaneous abortions.

Objective 14: Choose the word or phrase to complete statements about assessment of, nursing interventions for, and management of types of spontaneous abortions.

Objective 15: Choose the word or phrase to complete statements about the legal aspects of, indications for, and counseling before therapeutic abortions.

Objective 16: Choose the word or phrase to complete statements about nursing interventions for abortion.

Objective 17: Choose the word or phrase to complete statements about abruptio placentae.

Objective 18: Choose the word or phrase to complete statements about placenta previa.

Objective 19: Choose the word or phrase to complete statements about classification of diabetes in pregnancy.

Objective 20: Choose the word or phrase to complete statements about the pregnant diabetic woman.

Objective 21: Choose the word or phrase to complete statements about pregnancy-induced hypertension (PIH).

Objective 22: Choose the word or phrase to complete statements about the signs and symptoms of mild and severe preeclampsia.

- Discuss these complications, the diagnostic tests, standard treatments, and nursing implementations involved in each condition.

- Discuss the emotional and psychological aspects of these complications and suggest ways for helping women and their families make required adjustments during pregnancy.

- Invite a panel of physicians, nurses, and women who have experienced some of the complications to discuss the prenatal implications.

- In discussing abortions, address the legal ramifications in your state.

- Have students review legal and ethical aspects of nursing in *Nursing Concepts*.

- Show TM 5 when discussing abruptio placentae.

- Show TM 6 when discussing placenta previa.

- Research the current medications used to treat PIH and provide students with a handout of the information.

- Provide students with current information on fetal monitors.

- Have students complete Jobs Sheets 1 and 2.

- Discuss the signs and symptoms of mild and severe preeclampsia.

Objective 23: State safety nursing interventions for eclampsia seizures.

- Discuss safety nursing interventions for eclampsia seizures.

- Demonstrate these safety procedures.

- Encourage students to put on a skit about a nurse or student nurse who fails to follow these precautions.

Objective 24: Choose the word or phrase to complete statements about multiple pregnancy.

- Discuss multiple pregnancy.

Objective 25: Choose the word or phrase to complete statements about functional classification of patients with cardiac disease.

- Discuss functional classification of patients with cardiac disease.
- Provide current statistics and reports on cardiac classifications.

Objective 26: Choose the word or phrase to complete statements about cardiac diseases as related to pregnancy.

- Discuss cardiac diseases as related to pregnancy.
- Review cardiac diseases, their signs and symptoms, and treatments.

Objective 27: Choose the word or phrase to complete statements about disseminated intravascular coagulation (DIC).

- Discuss disseminated intravascular coagulation (DIC).
- Have students complete Assignment Sheets 1 and 2.
- Have students complete Job Sheet 3.

APPLICATION

Objective 28: Research current trends in maternal and neonatal care. (Assignment Sheet 1)

- Suggest current resources and topics.
- Use Assignment Sheet 1 for students to research current trends in maternal and neonatal care.

Objective 29: Complete obstetrical care study for pre-natal patient. (Assignment Sheet 2)

- Use Assignment Sheet 2 to give students practice completing an obstetrical care study for the prenatal patient.

Objective 30: Monitor fetal heart tones using a fetoscope. (Job Sheet 1)

Objective 31: Apply electronic fetal monitors. (Job Sheet 2)

Objective 32: Assess deep tendon reflexes (DTRs). (Job Sheet 3)

- Discuss and demonstrate the skills in Job Sheet 1.
- Have students practice monitoring fetal heart tones using a fetoscope.
- Discuss and demonstrate the skills in Job Sheet 2.
- Have students practice applying electronic fetal monitors.
- Discuss and demonstrate the skills in Job Sheet 3.
- Have students practice assessing DTRs.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and reevaluate if necessary.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.

  NOTE: The written test may be given in sections if desired.

- Give the written test.

- Complete appropriate sections of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- *Alcohol, Crisis for Unborn.* RHR Filmedia Inc. Available from RHR Filmedia Inc., New York, New York 10036.
- *Maternal Changes and Prenatal Care.* Available from Medcom, Inc. P.O. Box 3225, Garden Grove, California 92642.
- *Miracle of Life.* Available from NOVA Crown Publishers, Inc., 225 Park Avenue South, New York, New York 10003.
- *Nine Months in Motion.* Color, 19 minutes, Perennial Education, Inc. Available from Perennial Education, Inc., 477 Roger Williams, P.O. Box 855 Ravinia, Highland Park, Illinois 60035.
- *Teenage Father.* Color, 28 minutes. Available from Oklahoma State Department of Health, N.E. 10th and Stonewall, Oklahoma City, Oklahoma 73105.
- *Human Development: First 2 1/2 Years,* "Program 1: Pregnancy, Birth and the Newborn." Available from Concept Media, P.O. Box 19542, Irvine, California 92714.

The following media are available from Trainex Corporation, P.O. Box 116, Garden Grove, California 92642. The toll-free number is 800-854-2485.

- *Fetal Development.*
- *First Trimester: Nine Months to Motherhood.*
- *Second Trimester: Six Months to Motherhood.*
- *Third Trimester: Three Months to Motherhood.*
- *Complications of Pregnancy.*

Models

- Ligamented female pelvis

- Obstetric model

  NOTE: Models are available from Trainex Corporation, P.O. Box 116, Garden Grove, California 92642. The toll- free number is 800-854-2485.

- Charts – Available from Ross Laboratories, Educational Services Department 441, 625 Cleveland Avenue, Columbus, Ohio 43216.

Print Media

- *Pregnancy in Anatomical Illustrations.* Available from Carnation Company, P.O. Box 200, Department A, Pico River, California 90065.

- *Life Before Birth.* Color photographs of stages of human reproduction from fertilization to just before birth. Reprinted from Life Magazine. Available through Oklahoma Department of Vocational and Technical Education/Curriculum and Instructional Materials Center, 1500 West Seventh Avenue, Stillwater, Oklahoma 74074.

UNIT REFERENCES

- Jensen, Margaret Duncan, and Irene Bobak. *Maternity Care: The Nurse and the Family.* The C.V. Mosby Company: St. Louis, 1985.

- Bethea, D. *Introductory Maternity Nursing.* J.B. Lippincott Company: Philadelphia, 1989.

- Brunner, L. and Suddarth, D. *Manual of Nursing Practice.* J.B. Lippincott Company: Philadelphia, 1986.

- Hamilton, Persis Mary. *Basic Maternity Nursing,* (6th ed.). The C. V. Mosby Company: St. Louis, 1989.

CARE FOR THE PRENATAL PATIENT

OBJECTIVE 1

Match terms associated with the prenatal patient to their definitions.

- **abortion** – termination of pregnancy before the fetus is viable

  NOTE: "Viable" here means the fetus can survive outside the uterus (See definition below).

- **amniocentesis** – transabdominal puncture of amniotic sac to obtain a sample of amniotic fluid

  NOTE: Amniocentesis may be used to assess fetal health and maturity.

- **amnion** – innermost of fetal membranes forming a fluid-filled sac for protection of embryo
- **amniotic fluid** – transparent, almost colorless fluid contained in amnion; composed of albumin, urea, creatinine, water, and various salts
- **bloody show** – blood-tinged mucus discharged from vagina before or during labor
- **Braxton Hicks contractions** – mild, intermittent, painless uterine contractions that occur during pregnancy
- **cesarean delivery** – birth of a fetus by an incision through the abdominal wall and uterus
- **Chadwick's sign** – dark blue discoloration of vaginal mucous membrane
- **chloasma gravidarum** – brownish pigmentation of face during pregnancy
- **chorion** – outermost fetal membrane that surrounds the amnion
- **dilation of cervix** – stretching of the external os from an opening a few millimeters in size to an opening large enough to allow the passage of the infant (10 cm)

- **disseminated intravascular coagulation (DIC)** – widespread formation of thromboses in the microcirculation (mainly within the capillaries)

  NOTE: A coagulation defect prevents the blood from clotting.

- **eclampsia** – severe pregnancy-induced hypertension in which convulsions and/or coma occur

- **ectopic pregnancy** – implantation of fertilized ovum outside uterine cavity

  NOTE: Ectopic implantation most frequently occurs in the fallopian tube, and requires surgical removal of the tube.

- **embryo** – product of conception from moment of fertilization to end of eighth week after fertilization

- **fetus** – developing body in utero from beginning of ninth week after fertilization until birth

- **gestation** – period of intrauterine fetal development from conception through birth

- **Goodell's sign** – softening of cervix occurring about time of second missed menstrual period

- **gravida (Gr)** – woman who is pregnant; number of pregnancies of any duration

  EXAMPLE: Gravida II indicates a woman's second pregnancy

- **Hegar's sign** – softening of lower segment of uterus during second and third month of pregnancy

- **hydatidiform mole** – transformation of all or part of placenta into grape-like cysts with rapid growth of the uterus and with hemorrhage

- **hyperemesis gravidarum** – prolonged and excessive vomiting in pregnancy

- **implantation** – embedding of the fertilized ovum in the lining of the uterus

- **incompetent cervical os** – mechanical defect in cervix causing dilation and effacement in early pregnancy

  NOTE: Effacement is the thickening and shortening of the cervix during labor.

- **leukorrhea** – yellowish or white discharge from the vagina or cervical canal

- **LGA** – large for gestational age

- **linea nigra** – dark pigmented line often present in pregnant women and extending from pubes upward in midline

- **lunar month** – four weeks; twenty-eight days

- **miscarriage** – lay term for abortion

- **morning sickness** – nausea and vomiting usually in early part of day in first months of pregnancy

- **multigravida** – woman who has been pregnant two or more times

- **multipara** – woman who has borne more than one viable child

- **obstetrics** – branch of medicine concerned with the care of women during pregnancy, labor, and postpartum periods

- **oxytocic** – drug that stimulates uterine contractions, thus accelerating childbirth and preventing post-delivery hemorrhage

- **oxytocin** – hormone produced by the posterior pituitary that stimulates uterine contractions and the release of milk in the mammary gland (Let-down reflex)

  NOTE: Oxytocin may be used to increase the let-down reflex during lactation (Syntocinon).

- **para** – refers to previous pregnancies that have reached viability

  EXAMPLE: Gravida III, para I indicates a third pregnancy and the birth of one viable infant.

- **parity** – a woman's ability to carry a pregnancy to the point of infant viability

  NOTE: Viability is considered to be 500 g birth weight or 20 weeks gestation.

- **pelvimeter** – curved, hinged instrument with adjustable arms used for measuring pelvis

- **pelvimetry** – measurement of dimensions of pelvis to assess its adequacy for childbirth

- **placenta abruptio** – premature separation of placenta before labor or delivery
- **placenta previa** – placenta that is implanted in lower portion of uterus

  NOTE: There are three types of placenta previa: total, with the cervical os completely covered by the placenta; partial, with the cervical os partially covered; and low implantation, with the placenta edge at the opening of the os, but not covering it.

- **polyhydramnios** – excessive volume of amniotic fluid
- **preeclampsia** – condition seen in pregnancy or early puerperium characterized by increasing hypertension, albuminuria and generalized edema

  NOTE: Preeclampsia is also called Pregnancy Induced Hypertension.

- **prenatal** – before delivery, antepartum
- **presenting part** – the part of the fetus that lies closest to the internal cervical os
- **primigravida** – woman during her first pregnancy
- **primipara** – woman who is having or has had one viable child
- **products of conception** – embryo or fetus, placenta, and membranes
- **puerperium** – 42-day period following delivery in which the generative organs return to normal
- **quickening** – first fetal movement felt by mother, which occurs between sixteenth and twentieth weeks of pregnancy
- **SGA** – small for gestational age
- **spontaneous abortions** – termination of pregnancy before the age of viability without mechanical or medical interference
- **striae** – white, shiny, slightly depressed lines on abdomen, breasts, or thighs following prolonged stretching of skin; stretch marks
- **term** – time of expected delivery

- **tocodynamometer** – instrument for estimating the force and duration of uterine contractions

  NOTE: The tocodynamometer is also called a tocometer.

- **toxemia** – pathological condition sometimes occurring in last half of pregnancy with symptoms of hypertension, edema, proteinuria, sodium retention, and convulsions or coma

- **trimester** – a three-month stage or period of a pregnancy

- **viable** – capable of living; capable of growing and developing

- **zygote** – fertilized ovum

OBJECTIVE 2

Select presumptive, probable, and positive signs of pregnancy.

Presumptive signs of pregnancy

When one or more of the presumptive signs of pregnancy are experienced, the woman should visit her doctor to confirm her suspicions.

- **Amenorrhea** – One of the first and most important signs of pregnancy. It is particularly significant if the woman's menstrual cycle is usually regular and if the expected period is overdue by 10 days or more.

- **Nausea** – Present, with or without vomiting, in about half of all pregnancies during the 4th to the 12th weeks; usually disappears in a few hours and reappears the following morning.

  NOTE: Since the nausea occurs most often in the morning hours, it is called morning sickness.

- **Breast** – Changes that may be noticed during the early weeks of pregnancy include enlargement, heaviness, tingling, and increased sensitivity of the breast and nipples; increased pigmentation of the nipples and areolar tissue surrounding the nipples.

- **Pigmentation** – Increased in the abdomen and face. The pigmentation of the abdomen appears as a dark line running from the umbilicus to the symphysis and is called the linea nigra. The face may have irregular areas of pigmentation, called chloasma, which give the appearance of a blotchy, suntanned mask.

- **Frequency of urination** – Present in certain disease conditions of the urinary system, often occurs early in pregnancy as the growing uterus puts pressure on the bladder, thereby decreasing its capacity.

- **Quickening** – Term for the first movements of the baby felt by the expectant mother. This presumptive sign usually appears between the 18th and the 20th weeks of pregnancy.

Probable signs of pregnancy

- **Enlargement of the abdomen in pregnancy** – Due to the growth of the uterus

- **Chadwick's sign** – Bluish or purplish discoloration of the vulva and vagina caused by an increased blood supply. It is seen after the 4th week of pregnancy.

- **Goodell's sign** – Consists of the characteristic softening of the cervix that accompanies the increased blood supply and increased hormone production associated with pregnancy. It occurs about the time of the second missed menstrual period.

- **Hegar's sign** – Softening of the lower uterine segment, perceptible about the 6th week of pregnancy. This softening can be felt by the doctor as he places the fingers of one hand behind the cervix through the vagina and feels with the fingers of the other hand over the cervix through the abdominal wall.

- **Ballottement** – Is the rebounding of the fetus against the doctor's fingers after he has made it move by giving it a push through the vagina or the abdomen. The sign appears during the 4th or 5th month when the fetus is small in comparison to the amount of fluid surrounding it.

- **Braxton Hicks contractions** – May or may not be painless uterine contractions which occur at 5-to-10-minute intervals throughout pregnancy and may be observed by the doctor in the later months. These contractions are usually not noticed by the expectant woman until near the end of her pregnancy.

- **Fetal outline** – May be determined by the doctor by palpation

- **Pregnancy tests** – When properly done, are accurate in 90 to 98 percent of cases and are quite reliable indications of pregnancy. Most pregnancy tests are based on the presence of human chorionic gonadotropin (HCG), a hormone produced by the chorionic villi of the placenta and present in the blood and urine of pregnant women by about the 15th day of pregnancy. Immunologic tests, which are available in kits, are so simplified that results can be obtained within a few minutes or a few hours. They can detect pregnancy within 10 days after a missed period. One of the most accurate tests for pregnancy has been developed recently. The radioimmunoassay test is capable of detecting HCG in maternal serum from about the 8th day after fertilization, thus making diagnosis of pregnancy possible before a menstrual period is missed. Various pregnancy tests can be bought across the counter without a prescription.

Positive signs of pregnancy

- **Heartbeat of the fetus** – Can be heard first as a very faint distant sound that may be difficult to detect. While one is listening to the fetal heart tones, the pulsation in the mother's aorta may be mistaken for the baby's heartbeat.

- **Fetal movements** – After the 5th month of gestation these movements can be felt by placing a hand on the mother's abdomen while she is in the supine position. At first the movements are light and concentration is required to detect them.

- **Bony outline of fetus** – Can be seen on x-ray. After the 4th to 5th month of pregnancy, an x-ray offers undeniable proof of pregnancy.

- **Ultrasonic scanning** – A method used to identify the embryo as early as the 4th week of gestation; very accurate after the 3rd month of pregnancy

OBJECTIVE 3 **Match prenatal stages of development with their gestational periods.**

For illustrations of embryonic and fetal stages of development, refer to Chapter 3 of *Basic Maternity Nursing*, sixth edition, by Persis Mary Hamilton; published by the C.V. Mosby Company.

Stages of prenatal growth

- **First week**
  - **0-30 hours after intercourse** – Mature ovum and sperm, each with twenty-three chromosomes, unite to produce a zygote with forty-six chromosomes.
  - **30 hours-3rd day** – Zygote begins to divide rapidly, forming two cells, then four cells, eight cells, and so on.
  - **4th day** – Cells continue to divide to form a hollow ball with an inner and outer layer of cells.
  - **7th day** – Outer layer of cells sends out projections which will develop into placenta and become implanted in uterine wall.
- **Fourth week or first lunar month** – The embryo is approximately 0.2 in (0.5 cm) long from the crown to rump. All organs are present in rudimentary form. The head is very prominent, comprising about one third of the entire embryo. At this time the heart consists of a tube which already pulsates and propels blood through microscopic arteries. The ears, eyes, and nose are just beginning to form. The arms and legs are mere nubbins.
- **Eighth week or second lunar month** . The length is approximately 1.2 in (3 cm) and the weight 1/30 oz (0.9 gm). Because of the rapid development of the brain, the head appears very large in comparison to the trunk. The fetus has a human face and arms and legs with fingers, toes, elbows, and knees.
- **Twelfth week or third lunar month** – The centers of ossification appear in most bones and the teeth are forming under the gums. The length is 2.5 to 3.5 in (6.3 to 8.8 cm) and the weight is .5 to 1 oz (14 to 28 gm). Rudimentary kidneys are present and secrete small amounts of urine. The fingers and toes have become differentiated. The external genitalia are beginning to show definite signs of male or female sex.

- **Sixteenth week or fourth lunar month** – The fetus weighs approximately 3.5 to 4 oz (99 to 113 gm), and is 4 to 6.5 in (10 to 16/3 cm). A black, tarry, fecal material called meconium is present in the bowels. The sex of the fetus becomes obvious at this time.

- **Twentieth week or fifth lunar month** – This is midpoint in pregnancy. By now the mother has felt movement by the fetus (quickening), and the fetal heartbeat can be heard with a stethoscope. The length is 7 to 10.5 in (17.5 to 26.3 cm) and the weight is about 10 oz (284 gm). Downy hair, called lanugo, is present on the skin and there is hair on the head. Due to lack of fat deposits the skin is wrinkled.

- **Twenty-fourth week or sixth lunar month** – The fetus is about 11 to 14 in (27.5 to 35 cm) long and weighs approximately 1 lb 4 oz (567 gm). A white, cheesy material, called vernix caseosa, appears on the skin. This substance protects the skin while it is submerged in water.

- **Twenty-eighth week or seventh lunar month** – The length is 14 to 15 in (35 to 37.5 cm) and the weight is over 2 lbs (907 gm). If given expert care, a fetus born at this time might have some chance of survival.

- **Thirty-second week or eighth lunar month** – The length of the fetus is approximately 16.5 in (41 cm) and the weight is 3 lbs 9 oz (1,616 gm). If the fetus is born at this time, its chance of survival is much better than if it is born earlier.

- **Thirty-sixth week or ninth lunar month** – The chance of survival is excellent. Fat deposits under the skin give the fetus a more pleasing, plump appearance. The average length at this time is 18 in (45 cm) and the average weight is 5 lbs 4 oz (2,381 gm).

- **Fortieth week or tenth lunar month** – The fetus has matured to the point where it no longer needs to remain in the uterus. The average length of the fetus is 20 in (50 cm) and the average weight is 7 lbs (3,175 gm).

- **Postmaturity, or beyond 42 weeks** — Any infant born more than two weeks after the expected date of delivery is considered to be postmature. However, since it is not always possible to know the expected date of the delivery, an infant may be thought to be overdue when it is not. The effects of postmaturity vary. Some fetuses continue to gain weight as the pregnancy progresses, thus increasing the possibilities of difficult labor. Typically, the postmature infant has long nails, an abundance of hair on its head, a diminished amount of vernix, and amniotic fluid that is meconium-stained. There is a progressive rise in the stillbirth rate as the pregnancy goes beyond term.

OBJECTIVE 4

Choose the word or phrase to complete statements about the characteristics and functions of the placenta and umbilical cord.

Characteristics of the placenta

- Dark red, circular organ about 8 inches in diameter and 1 to 1.5 inches thick
- Weighs approximately 1 to 2 pounds
- Fetal side (Schultz) smooth and glistening, with blood vessels clearly visible; maternal side (Duncan) irregularly rough and composed of many small lobes called cotyledons
- Finger-like projections from chorion penetrate uterine wall to provide nourishment for fertilized ovum.
- Full development reached by twelfth week of pregnancy

Functions of the placenta

- Provides for nutrition, excretion, and respiration of fetus through contact with uterine blood supply
- Secretes progesterone to inhibit uterine contractions and aid in maintaining pregnancy, estrogen to aid in lactation and growth and development of fetus, and chorionic gonadotrophin to maintain the corpus luteum of the ovary
- Acts as protective barrier to prevent some drugs and harmful organisms from entering fetal circulation

Characteristics of the umbilical cord

- Composed of two arteries and one vein intertwined and covered by a soft jellylike substance called Wharton's jelly
- Attaches to center of placenta and enters fetus at approximate center of abdominal wall

Functions of the umbilical cord

- Carries nutrients and oxygen from placenta through the umbilical vein to the fetus.
- Carries CO_2 and wastes from fetus through arteries to placenta.

OBJECTIVE 5

Discuss assessment of the prenatal patient.

A complete and accurate assessment enables the physician to help the mother maintain good health and prevent complications throughout the pregnancy.

Health History

- Family history is important because there are certain health problems, such as diabetes, tuberculosis, some hereditary diseases that may be a problem during pregnancy.
- A woman's personal health gives the doctor information on the state of her health in the past.
- The obstetrical history is important if this is not a first pregnancy, and includes such information as the number of previous pregnancies, the weight of previous babies at birth, the length of labor, delivery, and following delivery.

Physical examination

- With the physical examination, the doctor identifies any pathological conditions that need correction.
- The patient is weighed and her blood pressure taken on the first visit and each visit thereafter, and the findings are recorded on her chart. A sudden or gradual increase in the blood pressure or a sudden excessive weight gain is a symptom of pregnancy-induced hypertension.

Pelvic examination

- The doctor does a pelvic examination at the first visit to determine the condition of the reproductive organs and the birth canal. An exam may also be performed toward the end of pregnancy to determine progression of pregnancy.

Pelvic Measurements

- One of the most important internal pelvic measurements is the conjugate vera, or true conjugate. This measurement is obtained by passing two fingers into the vagina and pressing inward and forward until the middle finger reaches the sacral premonitory. Another important measurement made at this time is the distance between the ischial tuberosities. An instrument such as a pelvimeter is used to obtain this measurement, or sometimes the closed fist is pressed between the tuberosities to estimate the size.

- X-ray pelvimetry is the most accurate means of obtaining pelvic measurements.

  It is indicated when:

  - Manual measurements reveal a small pelvis
  - The patient has a history of difficult labors
  - Cephalopelvic disproportion is suspected
  - The presenting part is breech in term pregnancy

Laboratory tests

- Urinalysis – The urine is checked at each visit to find out if infection is present in the urinary system and to detect the presence of sugar or albumin.

When albumin is present in the urine, it may indicate kidney disease, heart failure, drug poisoning or toxemia of pregnancy.

- Blood Tests

  - Syphilis is a venereal disease that can be transmitted from an infected mother to the fetus, so every expectant mother should have a blood test (VDRL or other) for its detection.
  - The blood will be tested for the Rh typing.

  - The hemoglobin and hematocrit are checked on the first prenatal visit and periodically throughout pregnancy to find out if the levels are sufficiently high to provide the necessary iron to the mother and fetus. A hemoglobin of at least 12 gm and hematocrit of at least 35% should be maintained. Lower levels than these are symptoms of anemia.

  - Sickle cell testing may be ordered for an Afro-American woman to check for the inherited factor.

  - The gonorrheal culture will screen a woman for gonorrheal infections for protection of the woman, her fetus, and her partner.

  - A Glucose Tolerance Test is performed for women with a history of diabetes or those who have had LGA babies.

  - Some physicians order a rubella titer. This will determine whether the mother has had or has been exposed to rubella measles.

- Pap Smear

  - If the patient has not recently had the Papanicolaou smear (Pap smear), it will be performed at the first prenatal visit.

Correcting Existing Problems

- If the mother needs dental work, the doctor will recommend that she see her dentist.

- If the laboratory test reveals the presence of syphilis, the doctor will prescribe appropriate treatment.

- Expectant mothers whose hemoglobin and hematocrit levels are lower than those recommended for pregnancy are treated for anemia, with iron supplements.

- Mothers with nutritional problems, such as dietary deficiencies or overweight or underweight conditions, must be helped to select appropriate diets.

Preventing Additional Problems

- To ensure adequate supervision, the mother must be seen at least once each month until the 7th month; then every 2 weeks until the last month; then every week until the baby is born. If problems arise, she is seen at more frequent intervals.

- With each subsequent visit:
  - The mother is weighed.
  - Her urine is examined for albumin and sugar.
  - Her abdomen is palpated.
  - Her blood pressure is taken.
  - After they are audible, the fetal heart tones are auscultated.

OBJECTIVE 6

Choose the word or phrase to complete statements about common prenatal medical diagnostic tests and their purposes, patient preparation, interpretations, and post-test care.

- **Amniocentesis** – The transabdominal needle aspiration of 10 to 20 ml of amniotic fluid for laboratory analysis

  Purpose

  - To detect fetal abnormalities, particularly chromosomal defects
  - To detect hemolytic disease of the newborn
  - To detect inborn errors of metabolism
  - To determine Alpha-Fetoprotein (AFP) levels for detection of neural tube defects such as spina bifida, anencephaly, etc.
  - To determine fetal age and maturity, especially pulmonary maturity
  - To assess fetal health by measuring amniotic levels of estriol and fetal thyroid hormone, and detecting the presence of meconium or blood
  - To identify fetal gender when one or both parents carry a sex-linked genetic disorder

  Patient Preparation

  - Explain procedure to patient.
  - Assess patient's understanding of test.

- Obtain signed patient consent form.

- Provide emotional support.

- Have patient void prior to test.

Post-test care

- Monitor FHR and maternal vital signs every 15 minutes, for at least 30 minutes.

- If patient complains of feeling faint or nauseated, or if diaphoresis occurs, position her on the left side to counteract supine hypotension.

- Instruct patient before leaving about danger signs to report to physician such as leakage of serous vaginal fluid or fetal hyperactivity or unusual fetal lethargy.

- **Ultrasonography** – Uses high-frequency sound waves to detect fetal heart rate, placental location or body parts

  Purpose

  - To measure the size of internal structures, such as the fetal head

  - To identify a pregnancy as early as 5 weeks of embryonic growth

    NOTE: At 7 weeks, fetal parts can be recognized.

  - To detect multiple pregnancy, fetal abnormalities, hydatiform mole, fetal death, fetal presentation, placental position, and fetal weight

  - To determine fetal maturity using biparietal diameter (BPD) of fetal head

  Patient Preparation

  - Explain the procedure to patient.

  - Request that the patient drink plenty of fluid and not empty her bladder.

  - The test should be done as soon as possible after the patient's bladder is full because patient will be uncomfortable.

- Explain that the procedure itself is painless and that it takes approximately 20 minutes to complete.
- Explain that as soon as the procedure is over, the patient may empty her bladder.

- **Non-stress test** – Used to evaluate fetal heart rate accelerations that normally occur in response to fetal activity in a healthy fetus

Indications

- Women with prolonged pregnancies, diabetes, hypertensive disorders, abnormal estriol levels, a history of stillbirths, or poor pregnancy outcomes

Patient Preparation

- Position patient on left side in a semi-Fowler's position.
- Place the patient on the fetal monitor with the external transducer and the tokodynamometer.

  NOTE: Even though there are no contractions, the test will record any fetal movement as sharp spikes or abrupt changes on the uterine contraction graph.

- Make a mark on the monitoring paper each time fetal movement is felt.
- Evaluate response of fetal heart rate immediately following fetal activity.
- Monitor mother's blood pressure and uterine activity for deviations during procedure.

Interpretation

- Test period should be a minimum of 40 minutes to allow for fetal rest cycle patterns.
- The test is positive when the fetal heart rate increased by 15 beats/minute above baseline in response to fetal activity; to label fetal heart rate reactive, 5 such responses should be obtained during a 20-minute recording.
- The test is negative when the fetal heart rate does not increase with fetal movements, or fewer than 5 such responses are found within 20-minute's recording.

- **Oxytocin challenge test (OCT) or Contraction stress test (CST)** – Stress test that assesses the response of the fetal heart rate to contractions and the efficiency of the respiratory function of the placenta

  NOTE: If a woman has a positive OCT, it indicates placental dysfunction, placing the fetus at risk.

  Indications

  – Usually used when a woman has a non-reactive or abnormal non-stress test

  – Used for woman with diabetes, prolonged pregnancy, hypertensive disorder, history of previous stillbirth, abnormal estriol values, or other evidence of potential fetal distress

  Contraindications

  – Women with previous cesarean birth, 3rd trimester bleeding, multiple gestations, incompetent cervix, or premature rupture of membranes

  Patient Preparation or Interventions

  – Place patient on left side in a semi-Fowler's position.

  – Place patient on fetal monitor; monitor patient for 30 minutes to establish baselines of fetal and uterine activity.

  – An oxytocin infusion is ordered intravenously via infusion pump.

  – The dose of oxytocin is increased every 15 minutes until the woman has 3 uterine contractions within a 10-minute period.

  – The patient may be asked to use the nipple-stimulating method for the CST.

  – Explain the procedure to the patient.

  – Apply warm, moist wash cloths to both breasts for several minutes.

  – Instruct the patient to massage and/or roll the nipple of one breast for 10 minutes.

- If uterine contractions do not occur, both breasts should be stimulated for 10 minutes.

- The breasts should be restimulated intermittently as needed to maintain uterine contractions.

- If this method does not work, the oxytocin infusion may be used as ordered.

Interpretation

- Negative test – Three contractions of good quality and duration without late decelerations or other ominous responses of the fetal heart rate indicate adequate placental sufficiency.

- Positive test – Occurrence of late or other ominous responses of the fetal heart rate in response to the uterine contraction indicate placental insufficiency.

OBJECTIVE 7

Choose the word or phrase to complete statements about physiological changes that occur in each body system during pregnancy.

Cardiac system and respiratory system

- Blood volume increases 30-40% to supply fetus.

- Blood pressure remains about same as before pregnancy.

- Heart and lungs are gradually displaced upward by the growing fetus.

- Pulse and respiratory rate increase.

- Blood becomes richer in protein.

Digestive system

- Stomach and intestines are displaced upward.

- Tone and motility of tract and secretion of stomach acid and pepsin decrease; digestive process becomes slower, and constipation occurs frequently.

Endocrine system

- Glands increase in size and activity.
- Metabolism rate gradually increases as much as 25% to provide for growing fetus and provide energy needed to carry increasing load.

Musculoskeletal system

- Symphysis pubis loosens and becomes more pliable as cartilage softens.
- Lordosis increases due to weight increase.
- Hip joints loosen and separate, resulting in wider pelvic girdle.
- Abdomen becomes pendulous and may require additional support.

Integumentary system

- Striae may appear on breasts, abdomen, thighs, and buttocks.
- Pigmentation may increase on face or abdomen.

Urinary system

- Kidneys will increase output.
- Frequency of urination occurs in first and third trimesters due to increased pressure on bladder.

Reproductive system

- Blood vessels and secreting glands in breasts enlarge, producing a sensation of fullness; breasts may have a tingling sensation.
- Breasts, nipples, and areola enlarge and become more pigmented.
- Uterus increases greatly in size from solid organ to thin-walled muscular sac.
- Cervix softens early in pregnancy.
- Vaginal mucosa thickens; vaginal muscles hypertrophy.
- Perineal skin and muscles hypertrophy; connective tissue loosens.

Psychosocial system

- During the first trimester the woman may be self-centered and concerned with her own adjustment to ideas of pregnancy.
- During second trimester, woman usually is reasonably free of symptoms, she is more tranquil and at ease, reality of child is now recognized, and most women come to accept their pregnant state; however, feelings of ambivalence come and go.

OBJECTIVE 8

Choose the word or phrase to complete statements about the promotion of positive health for prenatal patients.

Patient education is an important aspect of maternal nursing. The nurse should be able to offer information and support regarding nutrition, clothing, exercise, and other activities during pregnancy.

Nutrition

- Adequate nutrition during pregnancy means that the intake of nutrients equals the needs of the mother and her fetus. These nutrients can be obtained in a balanced diet.
- Weight reduction programs are discouraged during pregnancy because of the possible damage to the fetus.
- The mother should increase her caloric intake by 300 calories per day over what she normally eats.
- A weight gain of 2 to 4 pounds during the first trimester and .75 to 1 pound per week during the remainder of pregnancy is recommended, even for overweight women. A total weight gain of 24 to 27 pounds is considered compatible with desirable pregnancy outcomes.
- The daily diet should include one quart of milk; 3 or more servings of meat, fish, poultry, eggs or cheese (4 servings for teens who are pregnant or breastfeeding); 4 or more servings of vegetables and fruits; and 4 or more servings of breads and cereals. At least 6 to 8 glasses of fluids should be taken daily.

  NOTE: Check with your instructor for the most recent dietary information.

- Minerals that should be increased during pregnancy are calcium, phosphorus, and iron. Calcium and phosphorus are essential components of bones and teeth. Calcium is also necessary for normal clotting of the blood. The mother's intake of calcium daily should be 1.2 gm daily. Milk is the best source of calcium. Additional iron is needed for the formation of hemoglobin and for transporting oxygen and removing carbon dioxide for the fetus. To meet the demands of pregnancy, the mother's intake of iron should be 15 to 20 mg each day.

- Vitamins A, C, and D should be increased during pregnancy.

- Protein is a building material and is essential to the development of the new muscles in the uterus. It is also essential to the formation of the embryo and for the growth and development of the fetus. Protein is needed for the manufacture of hormones and is a constituent of blood. The expectant mother should increase her daily intake of protein by about 30 gm.

- The mother should avoid artifcial sweeteners during pregnancy.

Clothing

- Clothing that is more comfortable and more practical should be worn. Clothes should hang from the shoulders and allow for the expansion of the growing uterus. The enlarging breasts should be well-supported by a wide-strap bra that gives support without pressure.

- Women should avoid wearing such articles of clothing as panty girdles, round garters, and knee-high hose, which cause circular constriction of the legs. Constriction of the blood vessels in the legs encourages the formation of varicose veins.

- During pregnancy, the woman's posture changes. The enlarging uterus extends forward and the shoulders are held backward to maintain balance, resulting in a sway-back posture. This posture is further exaggerated by wearing shoes with high heels. Wearing shoes with broad heels aids in preventing falls and also helps prevent backache.

Rest

- During pregnancy one tends to tire more quickly, and the need for renewed energy is more apparent. The pregnant woman should plan rest periods in her daily schedule so that she is sure to get the rest she needs.

- During the later part of her pregnancy she can add to her comfort by using a small pillow to support her abdomen while she rests on her side.
- If unable to lie down she should sit with her legs elevated.

Activity

- Daily outdoor exercise contributes to good health and a sense of well-being anytime and is especially beneficial during pregnancy.
- Breathing deeply in the fresh air improves the mother's circulation and increases the oxygen supply to the fetus. Exercise in the outdoors by walking refreshes the mind and promotes sound sleep.
- The type of exercise should be consistent with what she did before pregnancy.

Travel

- Traveling for short distances is not contraindicated during pregnancy.
- Prior to traveling the woman should inform her physician of her plans, especially if a long trip is contemplated or if she is near her term.
- She should choose a mode of travel that is comfortable for her and that permits her to walk at least every two hours.

Employment

- The woman should consult her doctor if she has questions concerning her employment during pregnancy.

Bathing

- The increased activity of the sweat and oil glands of the skin, along with the increased vaginal secretions, make daily bathing very important.
- Showers may be continued throughout pregnancy. Due to awkwardness with balance later on in pregnancy, showers rather than tub baths may be recommended.
- Douches should be omitted unless specifically prescribed by the doctor.

- There are many changing theories in regard to nipple preparation during the prenatal period. Some believe nipple preparation is necessary for preventing complications later on with breast feeding. Others feel it is not necessary and stimulating and preparing nipples could actually cause the patient to go into early labor. The nurse must know what specific preparation, if any, should be taught to the patient.

Sexual Relations

- The doctor usually counsels the couple regarding sexual relations during pregnancy. Some doctors recommend that to reduce the possibility of abortion, the couple should abstain in the early months of pregnancy during the time the woman would normally have a menstrual period.

- Many doctors feel that sexual relationships may be continued throughout pregnancy, but others feel they should be discontinued during the last month of pregnancy because of the danger of rupture of the membranes, premature labor, or infection.

Smoking

- Smoking has been found to have harmful effects on the outcome of pregnancy such as lower birth rates, higher rates of prematurity, and higher neonatal mortality.

- The time the mother smokes during pregnancy and the number of cigarettes smoked appear to be highly significant factors. Smoking seems to be most harmful during the last six months of pregnancy when the central nervous system is still forming.

- Among women who smoke, the stillbirth rate is 30 percent higher and the perinatal mortality rate is 26 percent higher than among nonsmokers.

- The birth weight of the infant appears to be directly related to the number of cigarettes smoked by the mother during pregnancy: The more cigarettes smoked, the lower the birth weight.

- In addition to these effects, cigarette smoking seems to be even more dangerous in mothers who are considered high risk for other reasons.

Alcohol

- Chronic alcoholism may result in malformation of the fetus, an increased prenatal mortality rate, and prenatal and postnatal growth retardation.
- Alcoholic mothers risk giving birth to Fetal Alcohol Syndrome infants. These children tend to have low IQs and impaired fine and gross motor function.

Medication

- It is extremely important that a woman take only those drugs prescribed by a physician who is aware she is pregnant. Even common drugs such as aspirin can harm the developing fetus.

OBJECTIVE 9

Select prevention techniques and treatments for prenatal patients with minor discomforts.

- **Morning sickness**

  Prevention – Teach patients to:

  - Avoid empty or overloaded stomach, offending odors, or foods hard to digest
  - Maintain good posture give stomach plenty of room
  - Stop or decrease smoking

  Treatment – Encourage patients to:

  - Eat dry carbohydrate (i.e. crackers, toast) upon awakening
  - Remain in bed until feeling subsides, or alternated dry carbohydrate one hour with fluids such as hot tea, or clear coffee the next hour until feeling subsides
  - Eat 5-6 small meals per day
  - Avoid fried, odorous, spicy, greasy, or gas-forming food
  - Consult physician if severe vomiting occurs

- **Food cravings**

  Prevention – None

Treatment – Encourage patients to:

- Satisfy craving unless it interferes with well-balanced diet
- Report unusual cravings, (e.g. laundry starch, clay, dirt) to physician.

- **Ptyalism** (excessive salvation)

  Prevention – None

  Treatment – Encourage patients to:

  - Use astringent mouthwash
  - Chew gum

- **Heartburn or acid indigestion** (burning in lower chest or upper abdomen, occasionally with eructation and raising of a little sour tasting fluid)

  Prevention – Teach patients to:

  - Avoid gas-producing or fatty foods, and large meals; eat frequent small meals
  - Maintain good posture to give GI tract lots of space
  - Keep torso upright and bend knees to reach objects below the waist

  Treatment – Encourage patients to:

  - Take only the antacid prescribed by their physician

    NOTE: Patients **SHOULD NOT** use baking soda or Alka-Seltzer because of high sodium content.

  - Drink hot tea, sips of milk, or chew gum for temporary relief

- **Constipation**

  Prevention – Teach patients to:

  - Drink six glasses of water per day
  - Include roughage in diet (bran, coarse ground cereals, fresh fruits and vegetables)

- Get moderate exercise
- Sit on toilet seat with feet supported on footstool and maintain regular schedule for bowel movements
- Use relaxation techniques and deep breathing

Treatment

- Discuss with patients that treatment is the same as prevention.
- Stress that patients SHOULD NOT take stool softener, laxatives, other drugs, or enemas without first consulting physician, and should NEVER ingest mineral oil as this inhibits absorption of fat-soluble vitamins.

- **Hemorrholds**

  Prevention – Teach patients to:

  - Chew solid foods slowly and thoroughly
  - Avoid gas-producing foods, fatty foods, large meals

  Treatment – Encourage patients to exercise and eat appropriate foods that promote regular bowel habits.

- **Faintness** (orthostatic hypotension)

  Prevention – Teach patients to:

  - Use moderate exercise, deep breathing, vigorous leg movement
  - Avoid sudden changes in position (caution women to rise slowly and sit on edge of bed or to assume hands-and-knees posture before rising, and to get up slowly after sitting or squatting) and to avoid warm, crowded areas
  - Move slowly and deliberately
  - Keep environment cool
  - Avoid hypoglycemia by eating 5-6 small meals per day

Treatment – If symptoms are serious, refer to physician for possible neurologic disorder or hypoglycemia. Encourage patients to:

- Exercise
- Move slowly
- Sit down as necessary

- **Supine hypotension**

  Prevention – Teach patient side-lying position or semi-sitting posture, with knees slightly flexed.

  Treatment – Encourage patient to assume preventative position.

- **Ankle edema** (non-pitting) to lower extremities

  Prevention – Teach patients to:

  - Use good posture
  - Avoid prolonged standing or sitting
  - Get moderate exercise
  - Avoid constrictive clothing
  - Maintain ample fluid intake for "natural" diuretic effect.

  Treatment – Refer to physician if the patient develops generalized edema, even if other symptoms of preeclampsia are not found. Diuretics are contraindicated. Encourage patients to:

  - Put on support stockings before arising
  - Rest periodically with legs and hips elevated

- **Varicose veins** (large distended, torturous, superficial veins) - May be associated with aching legs and tenderness; may be present in legs, vulva, and perianal area (hemorrhoids, piles).

  Prevention – Teach patients to:

  - Avoid obesity

  - Avoid lengthy standing or sitting
  - Avoid constrictive clothing
  - Avoid constipation and bearing down with bowel movements
  - Get moderate exercise

  Treatment – Encourage patients to:

  - Rest with legs and hips elevated
  - Apply support stockings before rising

    NOTE: The patient may need assistance with stockings as abdominal size increases.

  - Relieve swelling and pain of hemorrhoids with hot sitz baths and local application of astringent compresses (witch hazel)
  - Expect that outlet forceps delivery may prevent enlargement of hemorrhoids

- **Shortness of breath and dyspnea** (occurs in about 60% of pregnant women)

  Prevention – Not always preventable. Patients should avoid anemia.

  Treatment – Refer to physician, if symptoms worsen, to rule out anemia, emphysema, and asthma. Encourage patients to:

  - Practice good posture
  - Practice flying exercise
  - Sleep with extra pillows
  - Avoid overloading stomach
  - Stop or decrease smoking

- **Leg cramps,** especially when reclining.

Prevention – Teach patients to:

- Avoid pointing toes when stretching legs and lead with heel of foot when walking
- Avoid fatigue and cold legs
- Maintain a diet with adequate calcium

Treatment – With direction from the physician, treatment is the same as prevention. Encourage patients to:

- Stretch affected muscle by standing up and leaning forward on affected leg or by having another person extend knee and dorsiflex foot of affected leg until spasm relaxes
- Stand on cold surface
- Take oral supplementation ordered by physician of calcium lactate three times a day before meals

- **Joint pain, backache, and pelvic pressure; hypermobility of joints**

Prevention – Teach patients to:

- Use a maternity girdle
- Use good posture and body mechanics
- Tuck pelvis under baby
- Bend at knees instead of at hips or waist
- Avoid fatigue
- Wear shoes with wide heels
- Practice conscious relaxation
- Practice exercises to strengthen back muscles
- Sleep on a firm mattress

Treatment – Discuss with patients that treatment is the same as prevention. Reassure patients that condition will go away 6-8 weeks after delivery. Encourage patients to:

- Apply local heat and back rubs
- Practice pelvic rock exercise
- Rest

- **Urinary frequency and urgency**

Prevention – Not preventable, but effects can be reduced. Teach patients to:

- Practice Kegel exercises to strengthen perineal muscles
- Limit fluid intake before bedtime to ensure rest

Treatment – Treatment is the same as prevention. Reassure patient. Encourage patients to wear perineal pad. Refer to physician for pain or burning sensation.

- **Pruritus** (noninflammatory)

Prevention – Teach patients to:

- Wear fingernails short and clean
- Find a distraction
- Take tepid (not hot) baths with sodium bicarbonate or oatmeal added to water

Treatment – Refer to physician for diagnosis of cause. Treatment may be symptomatic, such as mild sedation. Encourage patients to:

- Take lotion baths
- Use lotions and oils
- Change soaps or reduce use of soap
- Wear loose clothing

- **Deepened pigmentation** (striae, chloasma gravidarum, linea nigra, fingernails, hair), acne, oily skin

  NOTE: Deepened pigmentation may be due to systemic Addison's disease.

  Prevention – Teach patients to stay out of the sun since it only intensifies the pigmentation

  Treatment

  – Discuss with patients that treatment is the same as prevention.

  – Reassure them that the condition usually will disappear after pregnancy since it is due to increased hormone production.

  – Reassure women and their families about these manifestations of pregnancy.

- **Breast changes, new sensations**

  Prevention – Changes are not preventable. Teach patients to:

  – Wear supportive maternity bra with pads to absorb discharge

  – Wash with warm water and keep dry

  Treatment – Discuss with patients that treatment is the same as prevention.

- **Feelings during pregnancy**

  Prevention – Intense and/or variable feelings are not preventable, but their effects can be reduced.

  – Provide reassurance and support

  – Discuss the changes in feelings with supportive significant other who can reassure woman of her attractiveness, etc.

  – Encourage improved communication with her partner, family, and others

Treatment

- Discuss with patients that treatment is the same as prevention.
- Give both partners support.
- Refer to social worker, if needed, for supportive services (financial assistance, food stamps).

- **Headaches**

Prevention – Provide prenatal teaching timed to need. Teach patients to:

- Seek and accept emotional support
- Practice conscious relaxation

Treatment – Refer to physician for constant "splitting" headache, either frontal, sincipital, occipital, or bilateral after assessing for toxemia. Treatment is the same as prevention.

- **Fatigue** (early pregnancy, normal)

Prevention – Not preventable. Teach patient to avoid anemia.

Treatment – Encourage patients to:

- Seek and accept reassurance
- Rest
- Maintain a well-balanced diet to prevent anemia

- **Insomnia** (later weeks of pregnancy)

Prevention – Teach patient conscious relaxation techniques.

Treatment – Encourage patients to:

- Seek and accept reassurance
- Practice conscious relaxation
- Get back massages
- Support body parts with pillows
- Take warm milk or warm shower before retiring

- **Abdominal discomfort pressure**

  Prevention – Not preventable

  Treatment

  Encourage patient to rest, conscious relaxation, and good posture; maternity girdle; refer to physician for assessment and treatment if pain is present (appendicitis, urinary tract infection, abruptio, gallbladder disease); if near term, rule out labor

- **Braxton Hicks contractions**

  Prevention

  Teach patient that these are necessary uterine function; relax.

  Treatment

  Encourage patients to seek and receive reassurance; rest; change of position; practice breathing techniques when contractions are bothersome. Refer to physician if contractions become regular and firm; this may indicate impending labor.

- **Round ligament pain** (tenderness)

  Prevention

  Teach patient to avoid further stretching (e.g. to get out of bed, roll on side first, then push self to sitting position with hands); not preventable.

  Treatment

  Encourage patient to seek and accept reassurance, rest, good body mechanics to avoid overstretching ligament.

- **Leukorrhea**

  Prevention

  Teach patient that this is not preventable; do not douche.

  Treatment

  Encourage patient to practice good hygiene; perineal pads; reassurance; refer to physician if accompanied by pruritus, foul odor, or change in character or color.

OBJECTIVE 10

Choose the word or phrase to complete statements about ectopic pregnancy, including contributing factors, assessment, diagnostic evaluation, and nursing interventions.

Ectopic pregnancy is any gestation located outside the uterine cavity. It is a major cause of maternal mortality because of rupture of the site and subsequent hemorrhage.

Contributing Factors

- Salpingitis
- Pelvic Inflammatory Disease
- Endometriosis
- Congenital anatomic irregularity
- Previous tubal surgery

Assessment

- Clinical manifestations vary with the site of implantation and usually occur after tubal rupture
- Tubal implants most common, other sites may be ovary, abdominal cavity, or cervix
- Early signs and symptoms
    - Menstrual irregularities
    - Symptoms of early pregnancy
    - Dull pain on affected side

Signs and symptoms of tubal rupture

- Pain is sudden, severe and unilateral; later, pain is generalized and radiating to shoulder and neck because of diaphragmatic irritation.
- Nausea, vomiting, faintness
- Shock manifested by pallor with slight cyanosis around the lips; yawning; weak, rapid pulse

- Normal or low temperature

  IMPORTANT: Fever is important in distinguishing ruptured tubal pregnancy from acute salpingitis (Inflammation of the fallopian tube)

- Tenderness over abdomen upon palpation

- Pelvic mass

- Cervical pain during vaginal examination and movement of the cervix

Diagnostic Evaluation

- Presence of bloody fluids when a culdocentesis is done

Nursing Interventions

- Preventing/treating shock related to effects of rupture (pain, blood loss)

- Monitor vital signs, assess for indications of impending shock.

- Monitor IV fluids/blood as prescribed to manage fluid volume deficit related to blood loss.

- Provide constant monitoring, noting any changes in the woman's condition.

- Administer analgesics to manage pain related to rupture and outpouring of blood into peritoneal cavity.

- Inspect for vaginal bleeding.

- Prepare the woman for surgery (salpingectomy).

- Provide postoperative care same as for the patient who has had an abdominal laparotomy.

- Provide supportive care and develop teaching to relieve anxiety related to uncertainty about condition and potential loss of childbearing capacity.

OBJECTIVE 11

Choose the word or phrase to complete statements about the assessment of and nursing interventions for a hydatidiform mole.

Hydatidiform mole is an abnormal development of the placenta resulting in the conversion of the chorionic villi into a mass of clear vesicles. It occurs in about 1 of every 2,000 pregnancies. The frequency in women over 45 is 10 times higher than in women aged 20-40.

It is one of the most common lesions indicating choriocarcinoma, a malignant tumor of the trophoblast with a tendency toward rapid and widespread metastasis.

Assessment

- Enlargement of the uterus out of proportion to its normal size at a specific time in pregnancy
- Continuous or intermittent red or brownish bloody discharge about the 12th week of pregnancy; also may pass villi
- Signs and symptoms of preeclampsia, proteinuria, hypertension, or edema occurring earlier than 20 weeks gestation
- Hyperemesis gravidarum experienced by 30% of woman with this condition
- No fetal heart tones by auscultation or amplification, no fetal skeleton found on ultrasound or X-ray

Nursing Interventions

- Provide preoperative and postoperative care.
- Monitor blood if prescribed.
- Prepare the woman for surgery — Mole is removed by D & C, suction curettage, or hysterectomy (if more than 14 weeks).
- Observe for complications — Recurrent hemorrhage and uterine perforation.
- Advise the woman that she should be followed routinely for 1 year for gonadotropin activity; HCG levels should be negative 6 weeks after expulsion of mole. Chest x-rays are done at intervals to screen for metastasis.

- Counsel the woman to avoid attempting pregnancy for 6 months to 1 year to allow HCG levels to be monitored without pregnancy.

OBJECTIVE 12

Choose the word or phrase to complete statements about the assessment of, nursing interventions, and expected outcomes for hyperemesis gravidarum.

Hyperemesis gravidarum is exaggerated nausea and vomiting during pregnancy, persisting past the 1st trimester.

Assessment

- Hormonal changes of pregnancy – HCG levels are high
- Emotional factors – Some believe that insecurity, anxiety, or a negative attitude toward the pregnancy are contributing factors.
- Clinical manifestations
    - Frequent vomiting, especially when stomach is empty
    - Tendency to become nauseated at mention, sight, or smell of food
    - Weight loss
    - Dehydration
    - Increased pulse rate
    - Signs of vitamin deficiency
    - Thirst
    - Heartburn
    - Constipation
    - Scanty, concentrated urine (due to dehydration)

Nursing Interventions

- Maintain fluid and electrolyte balance
- If vomiting is severe, the woman is hospitalized and oral intake is restricted for 24-48 hours; monitor IV fluids when administered.

- Oral liquid intake is resumed slowly; usually high in carbohydrates, of the type preferred by the woman. Hot or cold beverages are usually tolerated better than warm ones.

- Improve nutritional intake.

- Offer small meals, mainly carbohydrates of the type most preferred by the woman (usually 6 per day) when symptoms subside.

- Avoid presence of strong food odors.

- Provide meals without greasy foods.

- Give vitamin supplements as directed.

- Give antiemetics as ordered.

- Help the woman develop coping abilities.

- Have the woman discuss her perception of the problem and the difficulties.

- Discuss possible resolutions to problems identified.

  NOTE: Hospitalization often removes the woman from pressing duties and responsibilities.

- Often, restriction of visitors, including most family members, removes further stress; restriction of visitors is eliminated as condition improves.

Expected Outcomes

- Attains/maintains fluid and electrolyte balance in physiologic range; taking oral fluids; shows normal tissue turgor; urine appears less concentrated and has a normal specific gravity

- Eats small meals; absence of vomiting; does not complain of nausea

- Shows some coping ability; identifies her problems and discusses possible solutions; uses stress-reduction techniques (relaxation and breathing)

OBJECTIVE 13

Select from a list predisposing factors of spontaneous abortions.

A spontaneous abortion is the termination of pregnancy before the age of viability without mechanical or medical interference. It is a common and frequent complication: one in every 5-7 pregnancies terminates in spontaneous abortion. Contributing factors include:

- Imperfect ova or sperm cells; abnormal development
- Decrease in production of progesterone – Insufficient progesterone leads to increased uterine sensitivity and contractions which cause expulsion of the embryo.
- Incompetent cervix – Mechanical defect in the cervix causes dilatation and effacement in early pregnancy (women with history of induced abortion have increased incidence of incompetent cervix).
- Acute infections – Cause fetal deaths by:
  - Transmission of bacterial toxins from mother to fetus
  - Passage of microorganisms from mother to fetus
  - High temperature, which may stimulate uterine contractions
- Environmental or work-place hazards
- Certain chemicals; heavy metal poisoning
- Radiation
- Anesthetic or illuminating gases
- Systemic disease in parents
- Maternal thyroid dysfunction
- Severe maternal anemia

OBJECTIVE 14

Choose the word or phrase to complete statements about assessment of, nursing interventions for, and management of types of spontaneous abortions.

- **Threatened abortion** – Early in pregnancy, bleeding occurs with or without cramps or backache

Assessment

- Vaginal bleeding or spotting
- Mild cramps
- Tenderness over uterus, simulated mild labor, or persistent low backache with feeling of pelvic pressure
- Cervix closed or slightly dilated
- Symptoms cease or develop into an inevitable abortion

Nursing Interventions

- Assist in vaginal examination (may or may not be done)
- Bed rest
- Pad count

- **Inevitable abortion** – An abortion that can't be stopped

Assessment

- Bleeding more profuse
- Cervix dilated
- Membranes rupture
- Painful uterine contractions

Management

- Embryo delivered, followed by D&C

- **Habitual abortion** – Spontaneous abortion occurs in successive pregnancies (3 or more)

With treatment, 70%-80% of habitual patients carry a pregnancy successfully.

Management

- D&C
- Treatment of possible causes: hormonal imbalance, tumors, thyroid dysfunction, abnormal uterus, incompetent cervix

- Hysterogram to rule out uterine abnormalities, infections
- Surgical suturing of the cervix, if incompetent cervix is a causative factor

- **Incomplete abortion** – Part of the products of conception is retained. The fetus is usually expelled and the placenta and membranes retained.

  Management

  - D&C

- **Missed abortion** – The fetus has died prior to the 20th week, but the products of conception remain in the uterus for 8 weeks or longer

  Assessment

  - Fetus dies in utero and is retained
  - No symptoms of abortion, but symptoms of pregnancy regress (uterine size, breast changes)

  Management

  - Ultrasound, and if 2nd trimester, fetal monitoring to determine if fetus is dead
  - If fetus is not passed after diagnosis, oxytocin induction may be used. Retained dead fetus may lead to development of disseminated intravascular coagulation (DIC) or infection.
  - Fibrinogen concentrations should be measured weekly.

OBJECTIVE 15

Choose the word or phrase to complete statements about the legal aspects of, indications for, and counseling before therapeutic abortions.

Therapeutic abortion is the termination of pregnancy before the time of fetal viability for the purpose of safeguarding the health of the mother.

Legal aspects

According to the Supreme Court ruling of January 22, 1973, pregnancy may be terminated as follows :

- In the 1st trimester of pregnancy the abortion decision is to be left to the woman and her physician.

- During the 2nd trimester, the state may not prohibit abortion, but may regulate its practice in the interest of protecting the woman's health.

- During the 3rd trimester of pregnancy, the state may choose to protect the potential life of the fetus by prohibiting abortion except when necessary to preserve the life or health of the woman.

- Religious beliefs of the patient are always respected.

  NOTE: There has been new Supreme Court activity on this issue. Instructor may have updated information.

Indications – According to the therapeutic abortion policy established by the American College of Obstetricians and Gynecologists, therapeutic abortion may be performed for the following medical indications:

- When continuation of the pregnancy may threaten the life of the woman or seriously impair her health. In determining whether there is such a risk to health, account may be taken of the woman's total environment, actual or reasonably foreseeable.

- When pregnancy has resulted from rape or incest

- When continuation of the pregnancy is likely to result in the birth of a child with grave physical deformities or mental retardation

Counseling before elective abortion

- Reasons for the abortion should be identified and discussed.

- Possible resolutions of reasons for abortion should be discussed.

- Alternatives to abortion should be discussed.

OBJECTIVE 16 | **Choose the word or phrase to complete statements about nursing interventions for abortion.**

PLAN	IMPLEMENTATION	EVALUATION (Document)
Prevent Hemorrhage	• Take and record vital signs. • Monitor blood loss (pad count); note character and amount of blood. • Save all tissue and clots passed for examination.	• Absence of hemorrhage: Vital signs within normal limits; decreasing amount of vaginal bleeding
Prevent Infection	• Be sure examinations, etc. are done under aseptic conditions. • Give antimicrobial agent as directed.	• Absence of infection: no evidence of fever; no foul discharge or abnormal urinary symptoms
Reduce Anxiety and Pain	• Administer analgesics as ordered. • Stay with hospitalized women if she is in labor. • If abortion is inevitable, explain to the woman that pain from contractions will cease when embryo and membranes are passed.	• Achieves relief of pain; uses controlled breathing and relaxation techniques
Deal with grieving and coping with difficulties associated with pregnancy loss	• Determine if this was a planned pregnancy. • Assist the woman to discuss her feelings about the pregnancy and the meaning of its loss to her. • Allow the woman time and opportunity to grieve. • Do not tell the woman she "can get pregnant again;" each pregnancy has meaning. This pregnancy is a loss that cannot be replaced. • Contact clergy if the woman so desires. • Ensure that the physician talks with the woman regarding her future childbearing potential and any treatment that may be necessary to carry a pregnancy to term.	• Goes through grieving process: Talks about her experience and loss; has names of health care professional if she feels more support is needed

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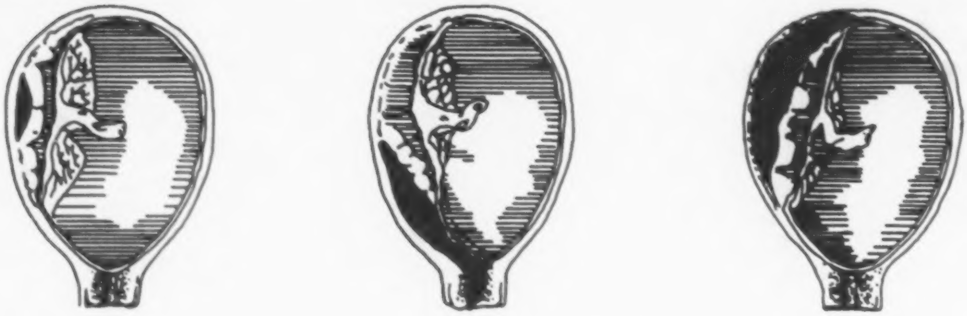
OBJECTIVE 17

Choose the word or phrase to complete statements about abruptio placentae.

Abruptio placentae is premature separation of the normally implanted placenta.



Partial Partial Complete

PLACENTA ABRUPTIO

Contributing factors

- Hypertensive disease
- Renal disease
- Increased incidence in women over 30
- Increased incidence in women with parity of 5 or more

Altered physiology

- Separation of the placenta is accompanied by hemorrhage either concealed or external.
- Concealed hemorrhage – Placental separation occurs centrally; large amount of accumulated blood is stored under the placenta.
- External hemorrhage – Blood flowed outward from the edge of the placenta, under the membranes and through the cervix.

Assessment

- Vaginal bleeding
- Sudden onset of severe, continuous abdominal pain and/or low back pain
- Rigid, tender, irritable uterus
- Amniotic fluid color may be dark red
- If bleeding is severe, the uterus may fail to contract after delivery
- If bleeding is severe clotting may be of grave importance
- Fetal activity may be increased because of fetal hypoxia; with severe complete abruptio, fetal heart tones may not be heard
- If bleeding is severe, the women may go into shock

  NOTE: The symptoms of shock may be greater than the amount of blood would indicate.

Plan

- Prevent/treat shock related to hemorrhage.
- Prevent/treat fluid volume deficit related to hemorrhage.
- Treat trauma to fetus related to hypoxia or anoxia.
- Provide supportive care for anxiety regarding safety of fetus and self.

Nursing Interventions

- Maintain fluid replacement.
- Monitor IV fluids and whole blood, as prescribed.
- Monitor fibrinogen levels.
- Monitor blood pressure, pulse, respiration, and fetal heart tones – To detect impending shock and to asses fetal condition.
- Monitor vaginal bleeding and height of fundus to detect increasing concealed hemorrhage.

- Monitor fetal heart tones continuously to assess fetal well-being.
- Provide oxygen therapy if prescribed.
- Position the woman in left side-lying position to keep uterus off vena cavae, thereby improving blood flow.
- Prepare the women for immediate delivery – Vaginally if the abruptio is slight and the cervix dilated. Cesarean delivery is used most often because it allows immediate delivery of the infant.

Reduce anxiety

- Keep the woman/couple informed of what is happening and of the plan of care.
- Reinforce positive aspects of the woman's condition without giving false reassurance; have the couple listen to fetal heart sounds.
- Explain procedures that might be needed.
- Do not leave the woman/couple alone.
- Following delivery:
    1) Provide nursing surveillance during the puerperium for early detection of complications.
    2) Monitor vital signs and uterine muscle tone – Traumatized myometrium may cause uterine atony, blood loss and shock.
    3) Be alert for indications of postpartum infections – Blood loss and shock greatly reduce resistance to infections.
    4) Observe urinary output for oliguria or hematuria.
    5) Otherwise, give routine postpartum care for type of delivery.

Evaluation

Observe for:

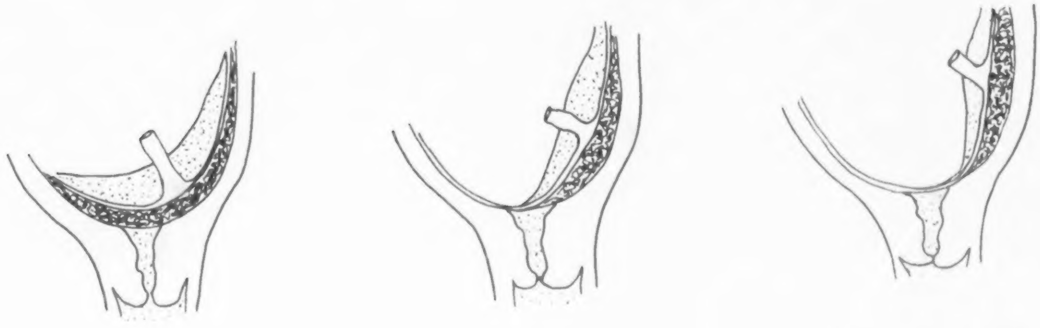
- Absence of shock; demonstrates stable vital signs; absence of bleeding

- Attains/maintains adequate fluid balance; urine output and laboratory values within acceptable range; absence of excessive thirst
- Infant appears stable; color good.
- Demonstrates lessening of anxiety; asks questions; responds to infant in a positive manner

OBJECTIVE 18

Choose the word or phrase to complete statements about placenta previa.

Placenta previa is the development of the placenta in the lower uterine segment, partially or completely covering the internal cervical os. Placenta previa is one of the major causes of bleeding during the last trimester. It occurs once in every 200 deliveries. As parity increases, placenta previa becomes more common.



Total

Partial

Low Implantation

PLACENTA PREVIA

Assessment

Contributing factors

- Largely unknown, although multiparity and advancing age favor occurrence
- Unfavorable decidua in upper uterine segment (fibroid tumors, poorly vascularized endometrium)

Clinical manifestations

- Painless vaginal bleeding in the latter half of pregnancy; occurs without warning in the absence of trauma.
- Initial episode of bleeding is rarely fatal; in each subsequent episode, bleeding is heavier.
- Placenta previa may not cause bleeding until labor begins or until complete dilation has occurred.
- With total placenta previa, bleeding occurs earlier and is more profuse.

Nursing Interventions

- Preventing premature delivery
- Monitor blood count
- Determine amount of bleeding, length of bleeding, any previous episodes.
- Evaluate contractions, if present.
- Since the diagnosis is usually made by ultrasound, prepare the woman for the procedure.
- See that the woman is maintained on bed rest; delivery delayed to increase fetal maturity.
- Be ready to prepare the woman for delivery.

  NOTE: The incidence of postpartum hemorrhage is greater than normally expected since the lower uterine segment has less muscle fiber and cannot contract well, thus occluding vessels at the placental site.

- If profuse hemorrhage occurs, cesarean delivery will be performed using the classic approach to avoid incision into the placenta in the lower uterine segment.
- In rare instances, vaginal delivery may be used; membranes are ruptured and pressure of fetus presenting part applies pressure to bleeding site.

OBJECTIVE 19

Choose the word or phrase to complete statements about classification of diabetes in pregnancy.

Duration of the disease is more important than the patient's age at onset. Classes may change during pregnancy.

Class A – Gestational Diabetic

The gestational diabetic develops her condition only during pregnancy. This group makes up 90% of all patients with diabetes seen by obstetricians.

- Normal fasting blood sugar
- Abnormal glucose tolerance test
- Usually controlled by diet
- Infant may be LGA

Class B

- Onset after age 20
- Present less than 10 years
- No vascular complications
- May have been controlled by diet; now insulin dependent
- Infant may be LGA

Class D

- Onset before age 10
- Present 20 years or more
- Peripheral vascular disease
- Retinal changes

- Hypertension
- Insulin dependent
- Infant may be SGA

Class F

- Includes neuropathy with proteinuria and decreased creatinine clearance
- Infant SGA

Class R

- Proliferative, retinopathy, which may intensify
- Therapeutic abortion may be consideration

Class G

- When many failures have occurred in pregnancy; it is thus possible to have Class A-G

Class H

- Includes patients with cardiopathy (may be symptomatic)

OBJECTIVE 20

Choose the word or phrase to complete statements about the pregnant diabetic woman.

Pregnancy imposes an additional physiological stress on a diabetic woman. Successful delivery of a healthy infant requires much teaching, support, adherence to dietary control, and work of the entire health care team.

Physiologic considerations prior to pregnancy

- The woman's diabetes must be in control.
- The woman's nutritional status should be good.
- The woman should develop a plan to avoid stress, including avoidance of infection.
- The woman should receive counseling to discuss the changes that occur during pregnancy and any restrictions that should be followed for pregnancy to be successful.

Assessment

- Blood sugar levels are monitored closely to prevent episodes of hypoglycemia and ketoacidosis. Some diabetics experience episodes of hypoglycemia during the 1st trimester.

- Assess the woman's ability to monitor blood sugar either through home glucose monitoring or indirectly through urine testing for glucose. Insulin regulation throughout pregnancy is determined according to changes in blood sugar. Insulin requirements may increase during the 3rd trimester.

- Assess the woman's understanding of diabetes and of changes that may occur during pregnancy.

- Assess the woman's/family's understanding of hypoglycemia and acidosis and what to do if signs and symptoms of either become evident.

- Assess the woman's support system since hospitalization may be necessary sometime during pregnancy.

Management – Maintenance of blood sugar within normal range; term delivery

- The woman monitors her blood sugar several times a day either through home blood glucose monitoring or urine testing. In the latter months of pregnancy, some glucose may be lost normally in the urine as the globular filtration rate increases without an increase in tubular reabsorption.

- Insulin requirements may remain the same in the first half of pregnancy or increase; insulin requirements increase greatly in 3rd trimester (may be as high as 70%-100% above prepregnancy needs).

- The woman whose diabetes is controlled through diet alone may require insulin during pregnancy.

- Oral hypoglycemics are not effective during pregnancy.

- Some women will exhibit signs and symptoms of diabetes only while pregnant (Gestational diabetes).

- Non-stress test may be performed weekly after the 30th week; estriol levels and monthly ultrasound scans are all used to assess fetal well-being.

- Monitor the woman for hypertensive disorder, polyhydramnios, infection, and after delivery, for postpartum infection.

- Delivery may be vaginal (induced) or if placental dysfunction occurs, be cesarean delivery. The woman is usually hospitalized several days prior to delivery.

- Infants of diabetic mothers tend to be larger, encounter more respiratory difficulties following birth, and have an increased incidence of congenital abnormalities (major cause of death for these infants).

  NOTE: The woman should be monitored postpartum for infection, hemorrhage, and for the time at which insulin requirements return to prepregnant levels.

Nursing Interventions

- Develop plan of care with the woman/couple, reviewing and updating it at each visit.

- Have the woman discuss her perceptions of how well she is progressing; reinforce positive feelings; provide reassurance and encouragement.

- Have the woman/couple listen to fetal heart sounds at each visit; keep them updated on progress of fetus.

- Have the woman meet nursing staff and tour units where she is likely to be hospitalized.

OBJECTIVE 21

Choose the word or phrase to complete statements about pregnancy-induced hypertension (PIH).

Hypertensive disorders induced by pregnancy or complicated by pregnancy rank among the leading causes of maternal mortality and make a significant contribution to perinatal mortality.

Types of hypertensive disorders

- **Gestational edema** – The occurrence of a general and excessive accumulation of fluid in the tissues of greater than 1+ pitting edema after 12 hours rest in bed, or of weight gain of 5 lbs. or more in 1 week caused by pregnancy

- **Gestational proteinuria** – The presence of proteinuria during pregnancy, in the absence of hypertension, edema, or renal infection

- **Gestational hypertension** – The development of hypertension during pregnancy or within 24 hours postpartum in a previously normotensive woman

- **Preeclampsia** – The development of hypertension with proteinuria, edema, or both caused by pregnancy or a recent pregnancy
  - Occurs after the 20th week of gestation, but may develop before this time in the presence of hydatiform mole
  - Predominantly a disease of primigravidas
  - Major hypertensive disorder of pregnancy
  - Usually relieved by termination of pregnancy
  - Edema usually first symptom to appear; observed as rapid weight gain
  - Edema followed by rise in blood pressure and proteinuria
- **Eclampsia** – Appears in approximately 5% of all pregnancies; eclampsia (with convulsion) is now rare because of improved treatment.

Etiology – Unknown; theories include:

- Uterine ischemia
- Extreme sensitivity to vasopressor agents
- Autoimmune disease
- Deficiency of dietary protein

Contributing factors

- Age and parity – Appears most frequently in young primigravidas
- Socioeconomic status – Greater incidence in lower socioeconomic groups
- Greater incidence in women with diabetes, multiple pregnancies, polyhydramnios, obesity, and history of previous hypertension in pregnancy

Assessment

- Weight gain – First indication over 1.5 lbs. per week, as early as the 20th week
- Ankle edema, fingers and hands swelling, periorbital edema

- Hypertension – 140/90 or increase of 30mm Hg systolic or 15 mm Hg diastolic
- Proteinuria
- Cerebral and neurologic involvement – Frontal headache, vertigo, tinnitus, visual disturbance, drowsiness, hyperreflexia, apprehension, excitability, nausea, and vomiting

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CAUTION: Epigastric pain may herald onset of convulsions or coma. Physician should be contacted immediately.

- Possible complications
    - Eclampsia
    - Abruptio placentae
    - Pulmonary edema
    - Congestive heart failure
    - Cerebral edema
    - Detached retina
    - Renal damage

Nursing Interventions

- When symptoms appear, the woman is placed on bed rest in left lateral recumbent position to increase renal and uterine blood flow, promoting diuresis and reducing blood pressure.
- Monitor blood pressure every 4 hours (if at home, family member or friend may do this).
- Monitor deep tendon reflexes.
- Take daily weight; measure intake and urinary output.
- Offer high-protein and normal fluid intake.
- Sodium is not restricted unless edema is severe or cardiac complications occur.
- Monitor fetal condition via non-stress test.

- Make urinary estriol determinations and ultrasound measurement of fetal growth

- If preeclampsia is severe, drugs may be used to control hypertension; magnesium sulfate is prescribed most commonly.

  Magnesium sulfate, if prescribed, is administered deep intramuscularly in 50% solution with 1% procaine; injection is painful and may cause abscess formation. Continuous IV infusion may be preferred.

  Repeat doses of magnesium sulfate may be ordered only if:

  (1) deep tendon reflexes are present,
  (2) respirations are above 12 per minute, and
  (3) urine output is at least 100 ml. per 6 hours.

  Calcium gluconate 10% IV must be available to counteract magnesium toxicity.

- Sedatives may be used to promote rest.

- Pregnancy is maintained until at least the 36th week.

- In instances of severe eclampsia:

  - Provide a quiet environment, avoiding stimuli that could provoke seizures.

  - Evaluate vital signs through continuous monitoring.

- Discuss plan of care and what the woman may expect during the hospitalization, labor, delivery, and postpartum.

- Teach the woman reportable signs when at home and whom she should contact if these occur.

- As pregnancy progresses, congratulate the woman on her progress to date and reinforce her current well-being and that of her fetus.

- Discuss procedures as they need to be done and any changes in the care plan.

- At each visit and during labor, have the woman/couple listen to fetal heart tones.

- Stay with the woman in labor to reduce anxiety.

- Assist with adapting to restriction of activity/bed rest.

- Discuss with the woman the importance of bed rest in promoting diuresis and controlling blood pressure.

- Assist the woman/couple in planning how this might be accomplished at home, if condition permits.

- Assist the woman/couple in mobilizing family or community resources needed.

- Assist the woman in developing passive exercise program that might be used while on bed rest.

- Assist the woman in planning recreational, hobby, or work activities that can be done while on bed rest.

- Assist the woman/couple in planning ways of maintaining family contacts during activity restrictions yet allowing woman adequate periods of rest and relaxation.

- Provide safety measures in case of seizures. See Objective 23.

OBJECTIVE 22 **Choose the word or phrase to complete statements about the signs and symptoms of mild and severe preeclampsia.**

SIGN/SYMPTOM	MILD PREECLAMPSIA	SEVERE PREECLAMPSIA
Hypertension	BP increase of 30 mm HG or more systolic, or systolic level of 140 mm HG or more; increase of 15 mm HG or more diastolic, or diastolic level of 90 mm HG or more	160/110 mm HG or above
Proteinuria	+1 or +2 or 1 gm/liter in midstream or catheterized urine specimen (found in 2 specimens at least 6 hours apart)	5 gm or more in 24-hour urine collection or +3 or +4 rating on turbidimetric analysis
Edema	Generalized, facial, hands, and fingers; reflected in a rapid weight gain of over 0.7 KG (1.5 lbs) per week	In addition to generalized edema; possibly pitting edema; weight gain may be 0.9 KG (2 lbs) or more over a period of 1 week or less
Oliguria		Less than 400 ml in a 24-hour urine collection
Other symptoms		Headache Blurred vision Epigastric pain

OBJECTIVE 23

State safety nursing interventions for eclampsia seizures.

Be prepared for sudden seizures. Place equipment and supplies within the nurse's reach and be prepared to act quickly.

- Raise padded side rails.
- Have a tongue blade available.
- Have emergency equipment ready for immediate use.

  EXAMPLES: Oxygen, suction, airway, tracheostomy tray

- Have emergency medications immediately available.

  EXAMPLES: IV sedation and inhalation anesthesia may be needed to control convulsions; IV fluids to be initiated.

- Observe for indications of uterine contractions.

  NOTE: Convulsions may initiate labor.

- Provide continuous observation and care.
- Position the woman to promote drainage of respiratory passages.
- Maintain clear airway.
- Monitor for pulmonary edema.
- Insert indwelling catheter to monitor output and renal status.

OBJECTIVE 24

Choose the word or phrase to complete statements about multiple pregnancy.

Multiple pregnancy results in twins in approximately 1 of 80 pregnancies, in triplets in 1 of 6,400 pregnancies, and in quadruplets in 1 of 512,000 pregnancies.

Types of Twinning

- **Monozygotic (identical) twinning** occurs at random in about 1 of 200 pregnancies. May have:
  - One chorion, 2 amnions (70%)
  - Two chorions, 2 amnions (30%)
  - Always same sex

- **Dizygotic (fraternal) twinning** occurs more frequently in some families; has higher incidence in Afro-Americans, occurs in response to greater levels of follicle stimulating hormone (FSH). Always have:
  - Two chorions, 2 amnions
  - May be different sexes

Assessment

- Polyhydramnios
- Uterus larger than expected for length of gestation
- Two fetal heart tones can be counted simultaneously.
- Abdominal palpation yields many small parts by 6-7 months.
- Ultrasound usually used to confirm diagnosis
- Premature labor is more common.
- Oversized uterus and increased abdominal pressure often lead to:
  - Digestion difficulties
  - Constipation
  - Hemorrhoids and varicosities
  - Dyspnea
  - Backache
- One twin may be in breech position.

Nursing Interventions

- Encourage the woman to keep appointments for more frequent checkups.
- Counsel the woman to rest frequently during the day in the 3rd trimester; assist family to mobilize support system for this purpose.
- Teach the woman reportable signs and symptoms of premature labor.

- Advocate a diet high in protein, iron, and calcium, with 300-1000 calories added to normal pregnancy diet according to needs of the individual woman.

- Monitor for hypertensive disorders which occur more frequently in women with multiple pregnancies.

- Following delivery, monitor the woman for postpartum hemorrhage due to overdistended uterus.

Teaching Plan

- Counsel the woman to rest frequently on her side to minimize the effects of increased abdominal pressure and decreased venous return from lower portion of the body.

- Encourage pelvic rocking exercises and sitting with legs elevated to help relieve backache.

- Teach the woman that small, frequent meals will aid in digestion.

OBJECTIVE 25

Choose the word or phrase to complete statements about functional classification of patients with cardiac disease.

Most women in classes 1 and 2 are able to handle the physiologic demands of pregnancy; those in classes 3 and 4 probably cannot handle the demands of pregnancy. The cardiac status of women in all classifications should be evaluated very early in pregnancy if not before; examination should include chest x-ray, electrocardiogram, and test for vital capacity, cardiac status, and functional capacity are monitored carefully throughout pregnancy.

OBJECTIVE 26

Choose the word or phrase to complete statements about cardiac diseases as related to pregnancy.

The woman with cardiac disease should be counseled prior to becoming pregnant about the restrictions that will be placed on her during pregnancy, the diet she will need, and the statistical chances of delivering a live infant. Maternal mortality associated with heart disease ranges between 1% and 5%. The major cause of death is cardiac decompensation and heart disease. Most heart disease found in pregnant women is congenital.

Physiologic Impact of childbearing

- Imposes a significant circulatory burden on the woman because of increased cardiac output, oxygen consumption, and blood volume

- Burden begins in the 1st trimester, increases throughout the 2nd trimester and persists to term.

Nursing Interventions

- Stress that rest is most important – 10 hours sleep per night and rest throughout the day.
- Encourage patient to avoid physical exertion since it is an important cause of heart failure.
- Discuss that stress, emotional as well as physical, is to be avoided.
- Avoid infection and, if contracted, contact physician.
- Promote a well-balanced diet high in iron, protein, vitamins, and minerals to prevent anemia.
- Discuss with patient that hospitalization prior to delivery is usual for women with classes 1 or 2 cardiac disease to evaluate cardiac status before labor.
- Discuss with patient that any woman showing signs of cardiac failure during pregnancy is hospitalized and may remain hospitalized for the duration of the pregnancy. Assist patient and family with planning for hospitalization.
- Monitor signs of cardiac decompensation:
  - Crackles at the bases of lungs
  - Cough
  - Hemoptysis
  - Dyspnea on exertion
  - Cyanosis
  - Labored respirations
  - Increased pulse
  - Edema of face, ankles, and hands

OBJECTIVE 27

Choose the word or phrase to complete statements about disseminated intravascular coagulation (DIC).

Disseminated intravascular coagulation is an acquired hemorrhagic syndrome in which there is widespread clotting in small vessels of the body, leading to consumption of the clotting factors and platelets so that bleeding and thrombosis are occurring simultaneously. It is seen as a complication of a variety of disorders.

Clinical features

- Seen in a variety of diseases
  - Overwhelming infections; bacterial and viral sepsis
  - Obstetrical complications

    EXAMPLE: Abruptio placentae
  - Disseminated malignancies
  - Massive tissue injuries

    EXAMPLES: Burns and trauma
  - Vascular and circulatory collapse; shock
  - Anaphylaxis
  - Hemolytic transfusion reactions
- Hemorrhagic tendency is the consequence of the acute activation of the clotting mechanism of the blood, resulting in intravascular consumption of the plasma clotting factors.
- Clotting factors are consumed more quickly than they can be replenished by the liver.

Assessment

- Bleeding or a tendency to bleed — From occult internal bleeding to profuse hemorrhaging from all orifices
- Acrocyanosis — Cold, mottled fingers and toes
- Dyspnea, hemoptysis, crackles — From involvement of pulmonary circulation due to microcirculatory obstruction

- Signs and symptoms of acute renal failure from fibrin deposits in small vessels of kidneys

Diagnostic Analysis

- Platelet count
- Clotting tests

  EXAMPLES: Prothrombin time, activated partial thromboplastin time, fibrin split products

- Fibrinogen level

Plan

- Removal and treatment of precipitating cause; correcting the obstetric problem, such as delivery
- Antibiotics to treat overwhelming infection
- Supportive measures to restore circulating blood volume and deliver oxygen to ischemic tissues

  EXAMPLES: Fluid replacement, oxygenation, maintenance of blood pressure and urine output

- Replacement therapy for serious hemorrhagic manifestations

  EXAMPLES: Transfusions of red cells, platelet concentrates, and if indicated by very low fibrinogen level, cryoprecipitate

Nursing Interventions

- Relieve bleeding episodes and related complications.
- Correct any condition that exaggerates coagulation.
- Monitor blood component replacement as directed or assess the administration of these components.

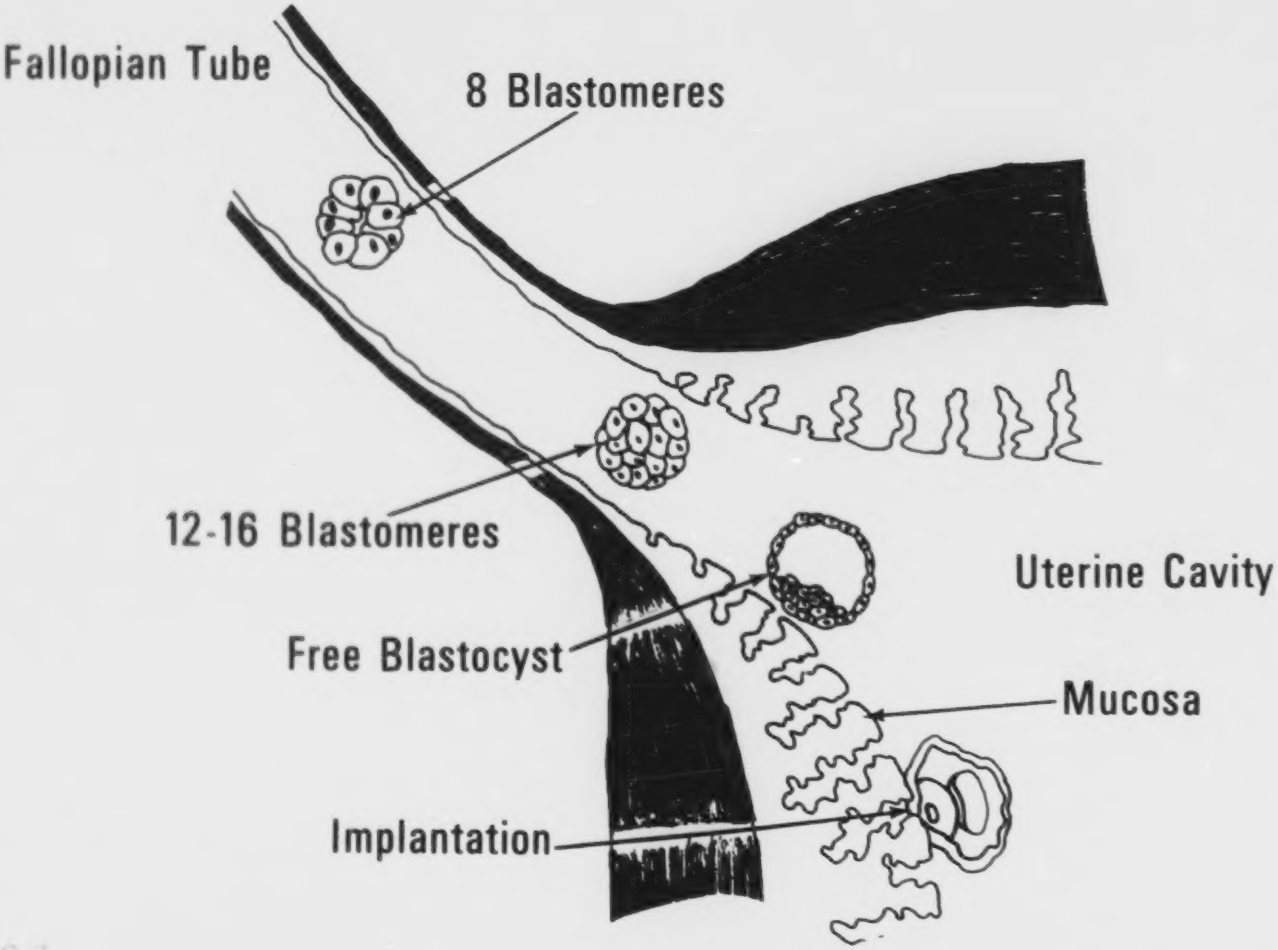
  EXAMPLES: Platelet concentrates, fresh frozen plasma, or cryoprecipitate

- Take every measure to prevent and control hemorrhage
  - Give medications orally or assist with intravenous lines when possible; avoid IM injections.

  - Check and mark skin for progression of subcutaneous bleeding.
  - Check stools, urine, and emesis for occult blood.
  - Monitor vital signs.
  - Measure blood loss; weigh bandages and linen.
  - Stay calm during episodes of bleeding; help the patient control fear.

- Establish adequate tissue and organ perfusion.
  - Look for bleeding from suture line and oozing of blood from IV sites.
  - Assess color of skin and mucosa, petechiae, cold mottled hands and feet, gingival bleeding, nose bleeding, bleeding/jaundice of conjunctivae and sclerae, hemoptysis.
  - Monitor for vascular occlusion, which produces circulatory obstruction and organ hypoperfusion.
  - Kidneys – Monitor for urine volume and hematuria.
  - Skin – Petechiae, purpura, and ecchymoses reflect bleeding into skin.

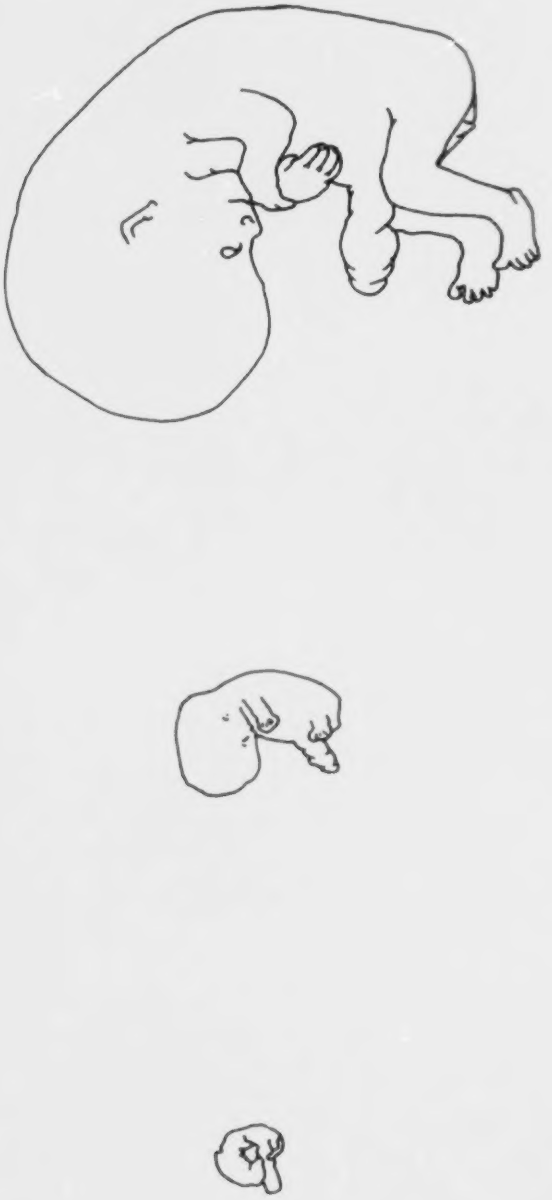
Division and Implantation


Fallopian Tube
8 Blastomeres
12-16 Blastomeres
Uterine Cavity
Free Blastocyst
Mucosa
Implantation

TM 1

TRANSPARENCY MASTER 1 - Maternal/Neonatal Care
CIMC - I - 79

First Three Months of Development

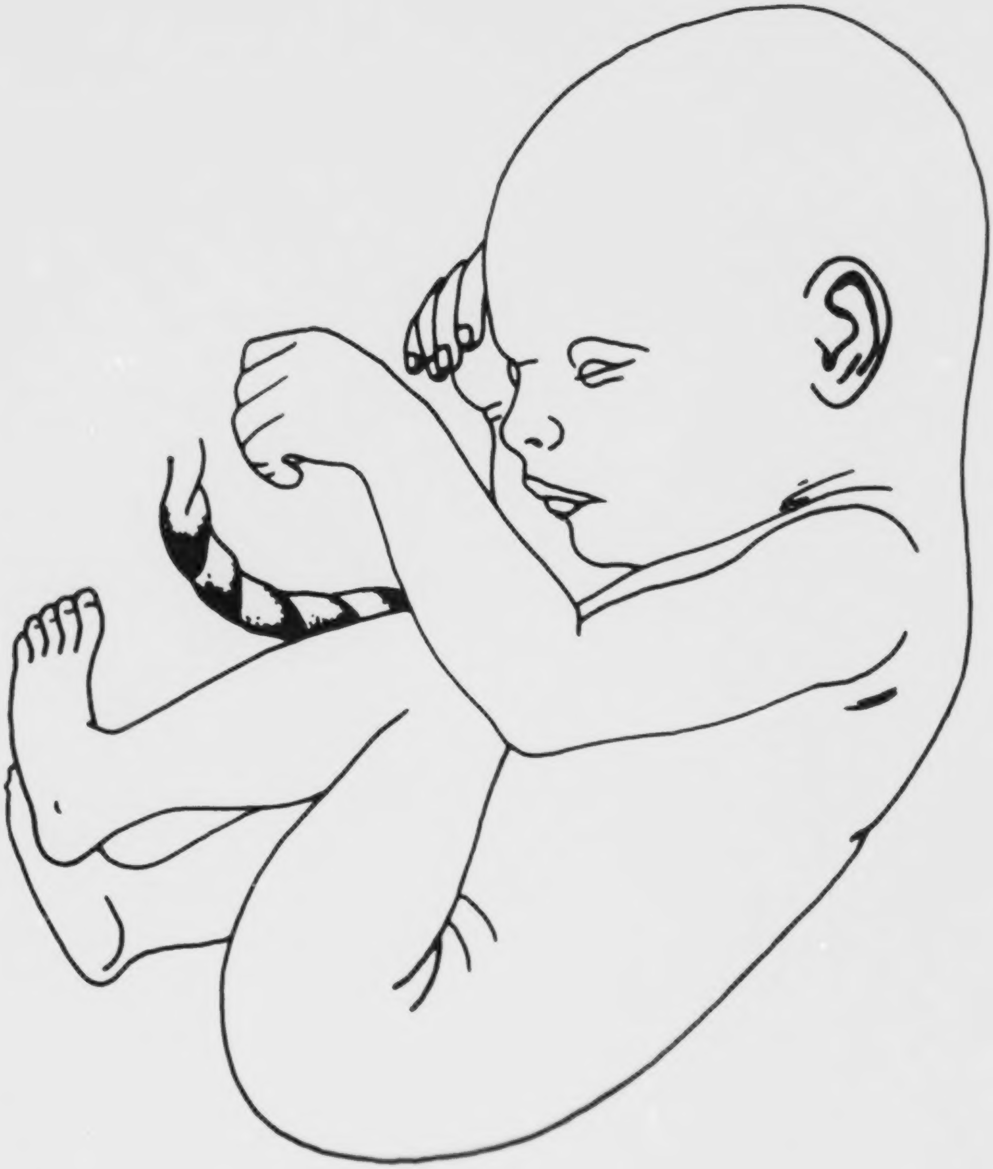


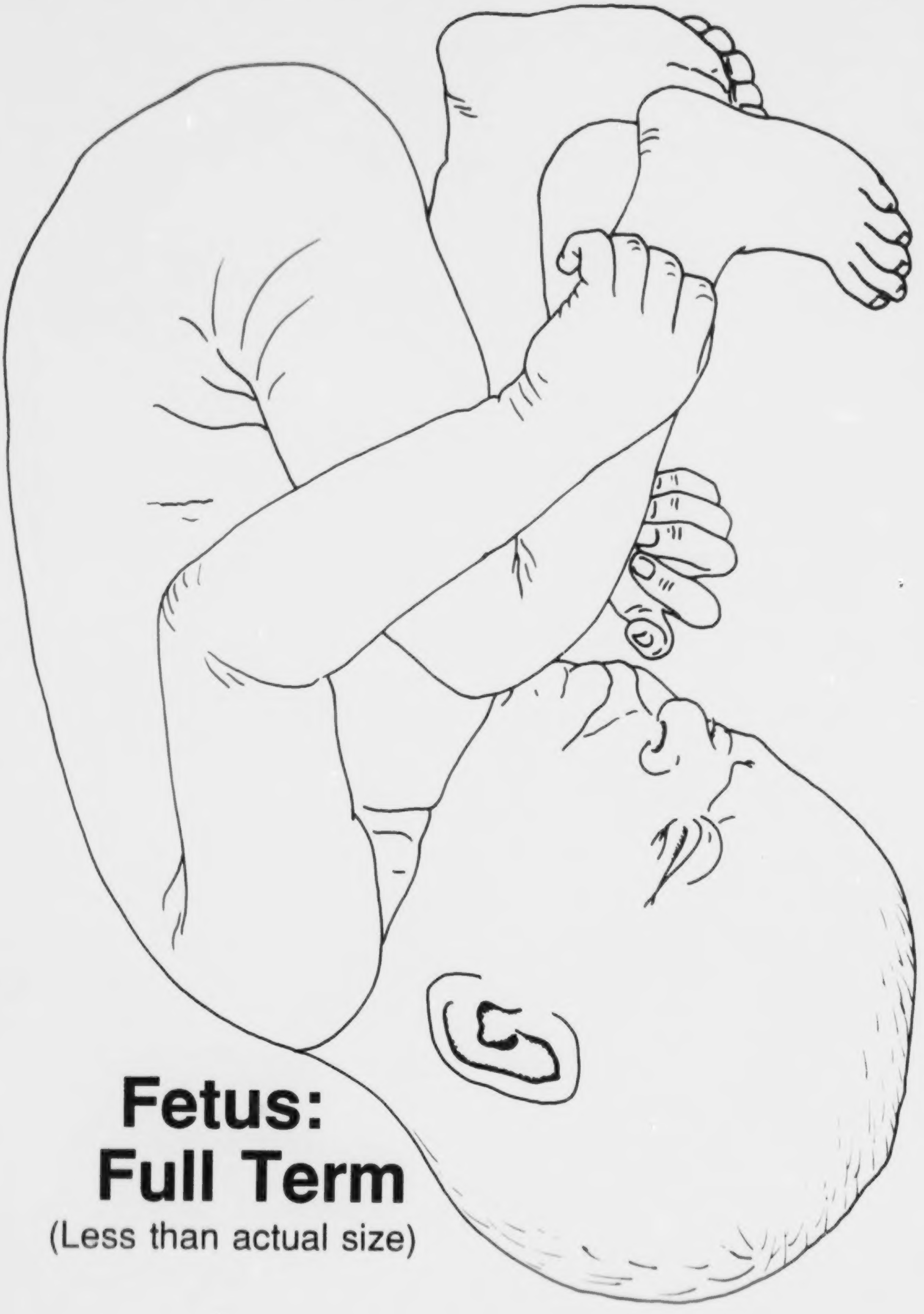
Three Months

Two Months

One Month

Fetus:
Fifth and Sixth Months





Fetus: Full Term

(Less than actual size)

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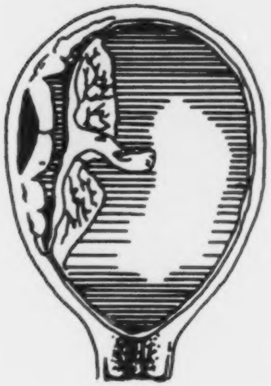
Placenta Abruptio



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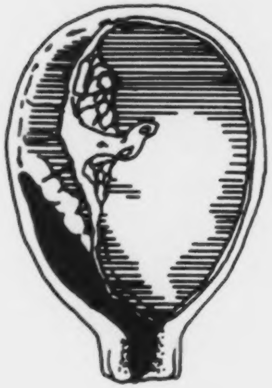

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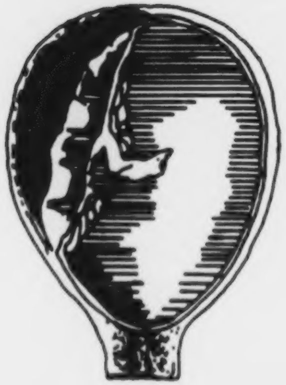
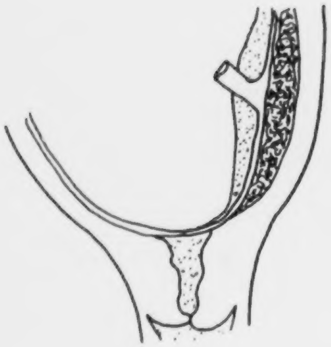


Complete

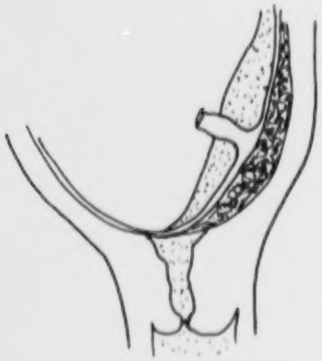
TRANSPARENCY MASTER 5 · Maternal/Neonatal Care
CIMC · I · 87

TM 5

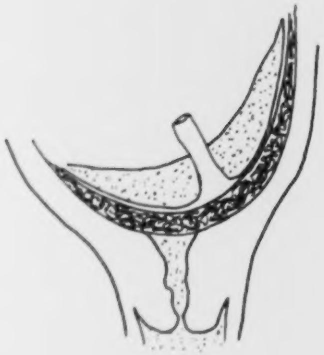
Placenta Previa Prior to Onset of Labor



Low Implantation



Partial



Total

ASSIGNMENT SHEET 1

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS

- Introduce the assignment to the students by discussing why reading, writing, oral communication, and creative thinking/problem solving skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Selecting useful resources
  - Locating resources
  - Finding materials in library

  WRITING

  - Using standard grammar, spelling, and capitalization
  - Stating ideas clearly
  - Using complete sentences
  - Using topic sentences
  - Using introductory/closing paragraphs
  - Composing reports
  - Proofreading & editing

  SCIENCE

  - Investigating health issues

  ORAL COMMUNICATION

- Making informative presentations
- Using good speaking techniques
- Using effective body language
- Presenting appropriate appearance
- Adapting presentation to specific audience

CREATIVE THINKING/PROBLEM SOLVING

- Creating a finished product

- Emphasize to the students that criteria for grading their assignment will include all of the following:

Written report:

1. Research is recent and appropriate to the subject
2. Ideas clearly expressed
3. Organization
4. Uses complete sentences, correct grammar, spelling, and punctuation
5. Uses topic sentences and introductory and closing paragraphs
6. Neatness

Oral Report:

1. Research is recent and appropriate to the subject
2. Ideas clearly expressed
3. Organization
4. Delivery: Eye contact, poise; could be heard and understood; good body language
5. Appropriate appearance
6. Well prepared for the presentation, including visual aids

- If students have difficulty gaining factual information:
  - Suggest they read carefully, noting key words and ideas.
  - Instruct them to write questions about the topic before they start reading and to look for the answers as they read.
  - Suggest they use at least three resources so the key ideas are repeated in their reading in different contexts and reading levels.
- If students have difficulty selecting useful resources:
  - Review basic library skills.
  - Discuss various resources they could use.
  - Discuss the type of information needed.

    EXAMPLE: Definitions, dates, instructions, historical facts, names, social science research, medical research
  - Suggest a general information resource such as an encyclopedia or the card catalog as a starting point.
  - Instruct students in the use of *Reader's Guide to Periodic Literature* for researching magazine articles on current- and public-interest topics.
- If students have difficulty locating resources:
  - Discuss different ways of obtaining information.

    EXAMPLES: Current publications, interviews, science and information television stations, video library
  - Invite a librarian to discuss available resources and how to use them.
- If students have difficulty finding materials in library:
  - Discuss the type of cataloging system in use.
  - Demonstrate the use of the cataloging system.
  - Instruct them to practice the use of the cataloging system.
  - Discuss the arrangement of the library.

  - Discuss the importance of being skilled in the use of the library.
  - Remind them that librarians are available to assist them.

- If students have difficulty using standard grammar, spelling, and capitalization.:
  - Review basic grammar skills.
  - Review rules for using capitals.
  - Encourage them to use a dictionary to check the spelling of any words of which they are uncertain.
  - Discuss the importance of being able to communicate by the written word.

- If students have difficulty stating ideas clearly:
  - Suggest they have their thoughts organized before they begin writing.
  - Review the information noting the key words and ideas.
  - Discuss the importance of stating the ideas clearly.
  - Instruct them to use simple concise words.

- If students have difficulty using complete sentences, remind them to check for a subject and a verb (that is singular or plural to agree with the subject), and a predicate that follows the verb, if it is needed to complete the idea.

- If students have difficulty using topic sentences:
  - Discuss the importance of leading the reader through a paragraph in a logical manner, beginning with the main thought.
  - Pick a subject at random and have students make up possible topic sentences.
  - Encourage students to avoid topic sentences that begin with "There are/is".

- Encourage them to strive for variety in phrasing.

  EXAMPLES: The team approach to maternity care is gaining popularity.

  As families become more involved in the pregnancy, hospitals are providing home-like environments for delivery.

- If students have difficulty using introductory/closing paragraphs:
  - Discuss the importance of leading the reader from the beginning of the idea, through the discussion, and on to a sense of completion.
  - Discuss the function of the introduction – to state the purpose of the report and engage the reader's interest; and of the conclusion – to summarize the main ideas, provide a clear ending, and leave the reader wanting to learn more about the topic.
  - Let students brainstorm and develop main ideas about something they know, then create introductory and closing paragraphs.

    EXAMPLE: How to make a shopping list.

- If students have difficulty composing reports:
  - Instruct them to determine the purpose of the report.
  - Remind them to carefully select a subject and keep it narrow enough to handle in two pages.
  - Instruct them to write down their preliminary ideas.
  - Suggest they organize their ideas.
  - Instruct them to write a first draft and to carefully proofread and evaluate it in order to make corrections and revisions before making the final copy.

- If students have difficulty proofreading and editing:
  - Direct them to read slowly and carefully for meaning, punctuation, spelling, and capitalization.
  - Suggest that they take out any unneeded sentences, phrases, words, or punctuation.

  - Have them read the letter backwards to look for misspelled words.

  - Suggest that they have another person read the report if they are not confident about their writing skills.

- If students have difficulty investigating health issues, refer them to general texts, magazines, videotapes in the area they are researching and to individuals who can act as resources.

- If students have difficulty making informative presentations:

  - Remind them that being prepared is the best way to handle nerves and insure a successful presentation. Encourage them to practice in front of a mirror, for their families and close friends before they make the speech in class.

  - Explain that being nervous is a natural part of making a speech. The fear will go away within 30 seconds after they start.

  - Suggest that the student who gets a dry mouth bring a glass of water to the stand.

  - Stress that the people in the audience are not critics waiting for the speaker to make a mistake. Audiences WANT the speaker to succeed; they want the information and entertainment in a presentation.

- If students have difficulty using good speaking techniques, selecting/using words effectively, and using effective body language:

  - Suggest that they watch good speakers on television or in local assemblies or other programs.

  - Stress that students should use a natural, conversational approach.

  - Stress the importance of expressing ideas clearly, in well-organized way, with a clear beginning, middle, and end.

  - Encourage students to use good language and more specific language than in their everyday speech.

  - Stress that good preparation and practice are the most important factors in sounding and looking good.

- If students have difficulty presenting appropriate appearance, stress that they are asking others to look at them (their whole bodies) and to form an impression about what they say; and dressing appropriately is part of making that impression a good one.

- If students have difficulty adapting their presentations to the specific audience:

  - Discuss how we feel when people "talk down" to us or over our heads.

  - Since this specific audience will be classmates who have the same vocabulary, the speaker should:

    Choose a topic that will be new and interesting to *this* class,

    Present ideas that will increase their current level of understanding or knowledge, and

    Use language and nursing/medical vocabulary to communicate at the audience's level of understanding and knowledge.

- If students have difficulty creating a finished product:

  - Review the requirements of the assignment.

  - Instruct them to examine the goals of the assignment.

  - Suggest they use intuitive thinking techniques to formulate an idea.

  - Suggest they use the requirements of the assignment as the basis for an outline.

ASSIGNMENT SHEET 2

Development of:
WRITING SKILLS
SCIENCE SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why writing, science, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  WRITING

  - Completing forms and records

  SCIENCE

  - Investigating/applying principles of human development
  - Investigating/applying principles of genetics/heredity
  - Investigating health issues

  CREATIVE THINKING/PROBLEM SOLVING

  - Identifying critical elements/issues
  - Analyzing/synthesizing information
  - Drawing conclusions

  EMPLOYABILITY

  - Mastering a specific job task/procedure

- If students have difficulty completing forms and records:
  - Examine the structure of the forms being used.
  - Stress the importance of accurate, legible records.
  - Demonstrate and discuss how the prenatal record can be used for assessment and patient teaching plans.
- If students have difficulty investigating/applying principles of human development or genetics/heredity, or investigating health issues:
  - Refer them to general texts, magazines, videotapes, and to individuals who can act as resources.
  - Allow them to discuss cases from their own knowledge or experience in which the information from the form or from the question section would have been helpful.

    NOTE: Remind students to maintain confidentiality.

  - Discuss the relationship between assessment and anticipated problems and preventive care.

  - Have students research and report on the potential problems for the mother or the fetus as a result of the conditions listed on the prenatal record.

- If students have difficulty identifying critical elements/issues:

  - Instruct them to review the record carefully, noting all abnormalities or warning signs.

  - Instruct them to listen or watch carefully for clue words that suggest a critical issue is being presented.

    EXAMPLE: In an assessment situation, the patient may be nervous about asking certain questions or may hesitate or look away when the topic is fearful to her.

  - Suggest they make a mental list of additional questions based on the initial information.

- If students have difficulty analyzing/synthesizing information:

  - Remind them that to analyze they must break the information down into all its component parts in order to understand it.

  - Remind them that to synthesize information they should put all the component parts together in a way that makes the information usable.

- If students have difficulty drawing conclusions, direct them to examine the collected data and look for patterns and, if in an actual assessment situation with a patient, the range of ideas expressed and the verbal and nonverbal language used.

- If students have difficulty mastering a specific job task/procedure:

  - Emphasize the fact that practice makes a person proficient and proficiency makes a person confident.

  - Suggest they study each component of the procedure to determine which area is causing difficulty.

  - Review the entire procedure.

  - Team them with proficient students or professionals to practice the procedure.

ASSIGNMENT SHEET 1

CARE FOR THE PRENATAL PATIENT

I

Name ______________________ Score __________

OBJECTIVE 28

Research current trends in maternal and neonatal care.

INTRODUCTION

To prepare for working in the world of nursing it is important for you to continue reading, researching, and reporting on the latest trends in the health area. This assignment sheet will help prepare you for the research required to keep current in your field.

DIRECTIONS

Reading Comprehension Skills
- Gain factual information

Research and Reference Skills
- Select useful resources
- Locate resources
- Find materials in library

Language Skills
- Use standard grammar, spelling, and capitalization
- State ideas clearly

Composition Skills
- Use complete sentences
- Use topic sentences
- Use introductory/closing paragraphs
- Compose reports
- Proofread & edit

Life Science Skills
- Investigate health issues

Select a topic for research and prepare a short report about the latest trends in maternal and neonatal care that could be used for patient teaching.

A written report should be no longer than 2 pages and may include diagrams, charts, and illustrations. Use topic sentences and introductory and closing paragraphs. Proofread and edit your report.

An oral report should be no longer than 3 minutes with an introduction, body, and conclusion. You may use visual aids such as diagrams, charts, and illustrations.

Suggested topics about current trends in maternal and infant care include, but are not limited to:

A. Changing family roles

    1. Emphasis on family-centered maternity care

    2. More holistic approach to parental care, labor, and delivery and the postpartum stages of pregnancy

B. Changing nursing roles

    1. An increase in nurse-midwives: Specially prepared nurses who supervise prenatal care, delivery, and postpartum care

    2. Trend toward a team approach as various professions and types of professionals provide maternity care

Oral Presentation Skills
- Make informative presentations
- Use good speaking techniques
- Use effective body language
- Present appropriate appearance
- Adapt presentation to specific audience

Cognitive Activities Skills
- Create a finished product

C. Changing delivery techniques

1. Movement back to home childbirth or to birthing centers with mid-wives, fathers, or support persons delivering the infant

2. Describe the Dick Read, Lamaze, Bradley, and Leboyer methods of childbirth.

3. Movement to bring back a modern version of the childbirth stool

D. New conception methods

1. Many couples electing to use artificial insemination, using the father's sperm or donor sperm

2. Surrogate mothers conceiving and delivering infants for women who are unable to conceive and/or carry a full-term pregnancy

3. Embryos conceived in test tubes, using mother's own ovum and father's sperm and later implanted into the mother; this technique is used for women who are unable to conceive, but are able to carry the pregnancy

E. Information given in prepared childbirth classes

1. Education about pregnancy and childbirth to dispel fears and apprehension

2. Methods of exercising to strengthen and increase flexibility of the muscles used in labor

EXAMPLES: Pelvic rocking, tailor sitting, squatting and kneeling

3. Methods of completely relaxing muscles

4. Instruction concerning breathing and proper use of muscle as conditioning for labor and delivery

5. Instructions for father-to-be so that he may help throughout pregnancy and labor

EVALUATIVE CRITERIA TABLE FOR WRITTEN REPORT	
1. Research is recent and appropriate to the subject	25 points
2. Ideas clearly expressed	25 points
3. Organization	15 points
4. Uses complete sentences,correct grammar, spelling, and punctuation	15 points
5. Uses topic sentences and introductory and closing paragraphs	10 points
6. Neatness	10 points
TOTAL	**100 points**

EVALUATIVE CRITERIA TABLE FOR ORAL REPORT	
1. Research is recent and appropriate to the subject	25 points
2. Ideas clearly expressed	25 points
3. Organization	15 points
4. Delivery: Eye contact, poise; could be heard and understood; good body language	20 points
5. Appropriate appearance	5 points
6. Well prepared for the presentation, including visual aids	10 points
TOTAL	**100 points**

ASSIGNMENT SHEET 2

CARE FOR THE PRENATAL PATIENT

Name ______________________ Score __________

OBJECTIVE 29

Complete obstetrical care study for pre-natal patient.

INTRODUCTION

Assessment is the first step in obstetrical care. The nurse must offer reassurance and educate patients about the course of pregnancy, how to relieve discomfort, the signs and symptoms that the mother should report to her doctor, and be able to answer questions from the mother and her family.

DIRECTIONS

Complete the prenatal record on the next page and answer the questions on the following page. Your instructor will provide you with a case study.

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Investigate apply principles of genetics/ heredity
- Investigate health issues

Cognitive Activities Skills
- Identify critical elements/issues
- Analyze/synthesize information
- Draw conclusions

Job Acquisition/ Development Skills
- Master specific job task/procedure

PRENATAL RECORD

Hospital		Doctor		Date	
Hosp. No.	Office No.	Insurance			
Pts. Name	Age	Race	Relig.	Country of Birth	Occupation
Address	Phone	Marital Status S M W D Sep.	Years Married	Education	
Name of Father of Child	Age	Ht.	Wt.	Significant disease	
Business Address	Business Phone	Occupation	Education		

FAMILY HISTORY: (Tbc, Hypertension, Heart D., Diabetes, Neuro-Psych., Epilepsy, Alleriges, Mult. Births, Congenital Anom.)

MENSTRUAL HISTORY:Onset at Yrs.	Interval Days	Duration Days	Amt.
Months Preg. Attempted	L.M.P.	Normal?	E.D.C.

PRIOR MEDICAL HISTORY	✓ Pos.	Remarks (Include date and time of Rx)	HISTORY SINCE LAST MENSTRUAL PERIOD	✓ Pos.	Remarks (Include date and time of Rx)
Kidney Disease			Nausea		
Heart Disease			Vomiting		
Hypertension			Indigestion		
Rheumatic Fever			Constipation		
Tuberculosis			Headache		
Venereal Disease			Bleeding (Specify)		
Gyn. Disorder			Vaginal Discharge		
German Measles			Edema		
Nervous & Mental			Abdominal Pain		
Diabetes			Urinary Complaints		
Thyroid Dysfunction			German Measles		
Phlebitis, Varicosities			Other Virus		
Epilepsy			Radiation (Specify)		
Drug Sensitivity			Accidents		
Allergies			Medications		
Blood Dyscrasia					
Blood Transfusions					
Rh, ABO Sensitivity					
Operations, Accidents					

SUMMARY OF PREVIOUS PREGNANCIES	Full Term	Premature	Abortions	Now Alive	Mult. Births

No.	Year	Place of Confinement	Dur. of Gestation	Dur. of Labor	Type of Delivery	Born A or D	Weight	Complications Maternal	Complications Child

Form developed jointly by the committee on Maternal and Child Care of the American Medical Association and the American College of Obstetricians and Gynecologists.

SAMPLE - For Assignment Purposes Only

ASSIGNMENT SHEET 2 - Maternal/Neonatal Care

CIMC - I - 106

BEST COPY AVAILABLE

1. Do you consider this patient to be in good health overall?

2. What problem areas do you foresee, considering the information you have obtained?

3. As a nurse, how can you assist this patient to have a healthy pregnancy?

4. What information, can you give this patient to eliminate some of the minor discomforts that may be experienced during her pregnancy?

ASSIGNMENT SHEET 1

Information will vary according to topic and new research. Instructor should set the guidelines for evaluation or use those provided when assigning the written paper or oral report.

ASSIGNMENT SHEET 2

Form should be completed according to instructor's directions. Answers should be appropriate for the patient or the case presented by the instructor.

Answers to questions 1-5 should contain accurate information and indicate thoughtful analysis.

JOB SHEET 1

Development of:
READING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, mathematics, science, oral communication, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Following written instructions
  - Interpreting graphics & symbols
  - Interpreting abbreviations/acronyms

  MATHEMATICS

  - Calculating with whole numbers
  - Collecting/recording data

  SCIENCE

  - Using scientific instruments (Fetoscope or Leffscope)
  - Investigating/applying technology
  - Investigating/applying principles of human development
  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  ORAL COMMUNICATION

  - Communicating with clients/customers

INTERPERSONAL OR RELATING

- Interacting with clients/customers/patients

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- If students have difficulty following written instructions:
  - Discuss the possible consequences of not following instructions precisely.
  - Have them read the instructions several times, noting the key words and ideas.
- If students have difficulty interpreting graphics and symbols, discuss the information and demonstrate the process depicted.
- If students have difficulty interpreting abbreviations/acronyms, review the terms and their concepts so that students hear, see, write, and say them.
- If students have difficulty calculating with whole numbers, review basic skills in addition, subtraction, multiplication, and division.

NOTE: Information and assignment sheets with practice problems are available in *Whole Numbers*, part of the CIMC mathematics series.

- If students have difficulty collecting and recording data:
  - Stress the importance of accuracy in recording data.
  - Discuss the structure of the forms being used.
- If students have difficulty using scientific instruments (fetoscope, Leffscope):
  - Review the correct procedure for their use.
  - Team them with students proficient in their use and allow students to observe the procedure repeatedly, then practice using the instruments before they begin their practical application tests.

- If students have difficulty investigating/applying technology:
  - Review characteristics of the scopes, their components and their functions.
  - Review indications for and use of the scopes.
  - Review measurements which can be made and what the measurements indicate.
  - Review the differences and similarities between the two scopes.
- If students have difficulty communicating, interacting and dealing with clients/customers/patients:
  - Suggest they role play customer communication scenes, focusing on the patient's expectations and perspective.
  - Discuss the importance of courtesy and how it affects nurse/patient communication.
  - Have them identify their responsibilities as a nurse/employee and discuss how their actions meet those responsibilities.
  - Suggest phrases they can use regularly and have them practice the phrases, noting volume, grammar, and intonation.
  - Discuss the importance of body language and posture.
- If students have difficulty practicing good work habits/attitudes:
  - Encourage them to become familiar with the entire procedure before they begin the work.
  - Discuss the role that good work habits and attitudes have in obtaining and retaining employment.
  - Discuss what behaviors and attitudes constitute good work habits.
  - Make sure the student knows what is expected of him or her.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2.

JOB SHEET 2

Development of:
READING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, mathematics, science, oral communication, interpersonal or relating, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Following written instructions
  - Using standard references

  MATHEMATICS

  - Collecting/recording data

  SCIENCE

  - Using scientific instruments (Electronic monitor, ultrasound transducer, tocotransducer)
  - Investigating/applying technology
  - Investigating/applying principles of human development
  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  ORAL COMMUNICATION

  - Communicating with clients/customers

  INTERPERSONAL OR RELATING

  - Interacting with clients/customers/patients

  EMPLOYABILITY

  - Mastering a specific job task/procedure
  - Practicing good work habits/attitudes

- Dealing effectively with customers/clients

- If students have difficulty using standard references:
  - Stress the importance of reading the operating manual before they use any equipment.
  - Have them read through all steps before they start operating the equipment.
  - Discuss how to use the specific manual.
  - Demonstrate and discuss the relationship between illustrations and application.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

JOB SHEET 3

Development of:
READING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, science, oral communication, interpersonal or relating and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Following written instructions

  SCIENCE

  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  ORAL COMMUNICATION

  - Communicating with clients/customers

  INTERPERSONAL OR RELATING

  - Interacting with clients/customers/patients

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

JOB SHEET 1 CARE FOR THE PRENATAL PATIENT

Name ______________________ Score __________

OBJECTIVE 30 **Monitor fetal heart tones using a fetoscope.**

INTRODUCTION If electronic fetal monitoring is available, it should be used as soon as active labor is established. At first, when the patient is still mobile, the fetal heart rate may be determined using the fetoscope or Leffscope.

EQUIPMENT AND SUPPLIES

- Fetoscope or Leffscope
- Watch with second hand
- Pad of paper
- Pen

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition, chart any changes.	_____	_____
Planning		
1. Reassure patient and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____
Implementation		
1. Collect equipment.	_____	_____
2. Wash your hands.	_____	_____
3. Provide privacy.	_____	_____
4. Warm bell of scope in your hand.	_____	_____
5. Determine that patient is not having a contraction.	_____	_____
6. Palpate uterus to determine position of fetus.	_____	_____

Functional Reading Skills
- Follow written instructions
- Interpret graphics & symbols
- Interpret abbreviations/ acronyms

Operation and Calculation Skills
- Calculate with whole numbers

Data Analysis and Display Skills
- Collect/record data

General Science Skills
- Use scientific instruments (Fetoscope or Leffscope)
- Investigate/apply technology

Life Science Skills

- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/ physiology
- Investigate health issues

Interactive Communication Skills

- Communicate with clients/customers

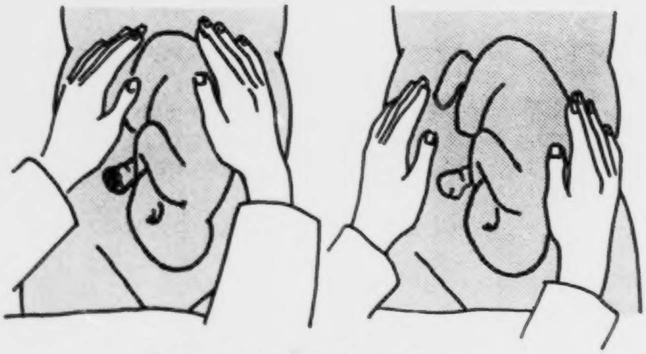
General Relating Skills

- Interact with clients/ customers/patients

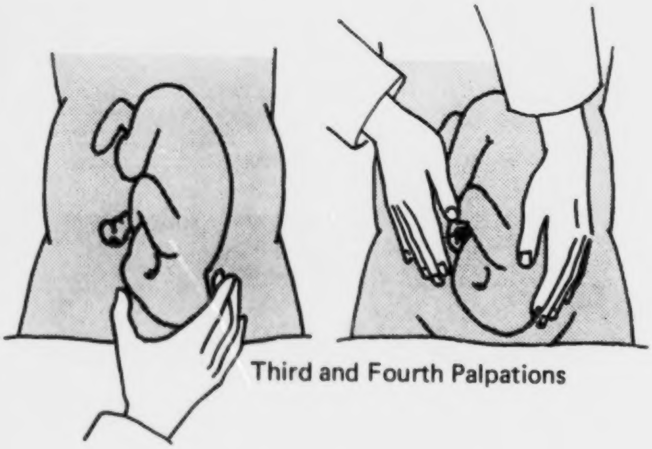
Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

NOTE: The fetal heart tones are best heard through the baby's back because it is usually located toward the mother's abdominal wall. The back of the fetus is felt as a firm continuous mass.



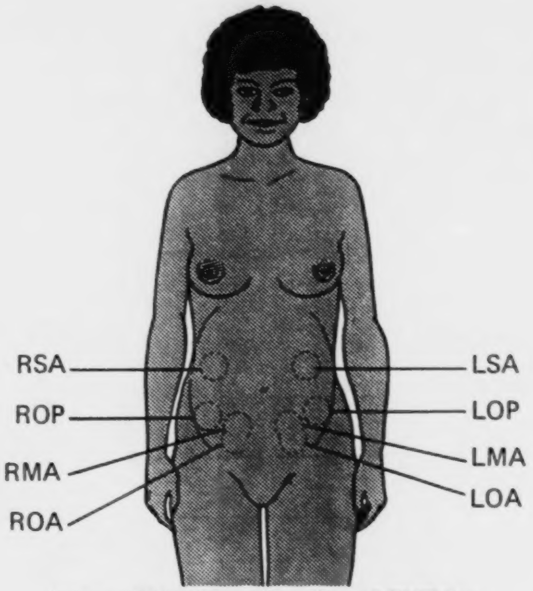
First and Second Palpations
(Leopold Manuvers)



Third and Fourth Palpations

Yes No

7. Locate fetal heart tone by listening with scope. _____ _____



Areas of Maximum Density of FHT for Different Fetal Positions

8. Count heart rate for 60 seconds; palpate the mother's pulse at the same time to be sure you are counting the fetal heart rate. _____ _____

NOTE: FHR may also be calculated by multiplying the rate for 15 seconds by 4 (Rate X 4) to determine the rate for one minute.

9. Count fetal heart rate for a full minute for a more accurate check if rate is irregular or appears to be too slow or too rapid. _____ _____

10. Mark abdomen with pen to aid in relocating heart tones. _____ _____

11. Clean up:

    a. Wash your hands. _____ _____

    b. Properly dispose of equipment. _____ _____

Evaluation Yes No

12. Identify the patient's response to nursing care plans and situations. ____ ____

Documentation

13. Record fetal heart rate and time taken according to agency procedures. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Observed safety rules	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Operated and handled equipment properly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS	____ ____ ____
AVERAGE RATING	**Evaluator note:** To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** – Can perform job with no additional training 3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required 2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill 1 **Unskilled** – Is familiar with process, but is unable to perform job

__________ __________________________

(Date) (Evaluator's Signature)

____

(Evaluator's Position)

JOB SHEET 2

CARE FOR THE PRENATAL PATIENT

I

Name ____________________ Score __________

OBJECTIVE 31

Apply electronic fetal monitors.

INTRODUCTION

There are two modes of electronic monitoring. The student nurse will observe the patient on the *internal fetal monitor*, and will be involved with connecting the patient to the *external monitor*. The external mode uses external transducers placed on the maternal abdomen to assess fetal heart rate and uterine activity. The internal mode uses a spiral electrode applied to the fetal presenting part to assess the fetal electrocardiogram and an intrauterine catheter to assess uterine activity and pressure.

EQUIPMENT AND SUPPLIES

- Electronic monitor
- Ultrasound transducer
- Tocotransducer
- Ultrasonic coupling gel
- Abdominal belt
- Talcum powder
- Damp cloth
- Operating manual

PROCEDURE

Monitor FHR with ultrasound

Research and Reference Skills
- Use standard references

Functional Reading Skills
- Follow written instructions

Data Analysis and Display Skills
- Collect/record data

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition; chart any changes.	_____	_____
Planning		
1. Reassure patient and her family and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____

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Implementation	Yes	No
1. Collect equipment.	____	____
2. Wash your hands.	____	____
3. Position the abdominal belt around the woman and place her in a comfortable semi-lateral position.	____	____
4. Insert the ultrasound transducer plug into the appropriate monitor connector labeled "ultrasound" or "cardio".	____	____
5. Turn the power on.	____	____
6. Gently touch the ultrasound diaphragm to elicit an equal audio response.	____	____
7. Apply ultrasound coupling gel to the underside of the transducer to be placed on the maternal abdomen.	____	____
8. Place the transducer on the abdomen below the level of the umbilicus in a full-term pregnancy of cephalic presentation or above the level of the umbilicus in a full-term pregnancy of breech presentation.	____	____
9. Turn the audio-volume control knob while moving the transducer over the abdomen to obtain the strongest fetal signal.	____	____
10. Secure the ultrasound transducer with the abdominal belt.	____	____
11. Observe the indicator light, and observe the oscilloscope for a consistent wave form.	____	____

NOTE: The indicator light will flash simultaneously with each fetal signal. A consistent wave form ensures correct placement of the transducer.

General Science Skills
- Use scientific instruments (Electronic monitor, ultrasound transducer, tocotransducer)
- Investigate/apply technology

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Interactive Communication Skills
- Communicate with clients/customers

General Relating Skills
- Interact with clients/customers/patients

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
12. Turn the recorder on at a 3 cm/min paper speed and observe the FHR on the strip chart to obtain a baseline FHR between contractions or periodic changes.	____	____
13. Periodically clean the transducer and maternal abdomen with a damp cloth to remove dried gel.	____	____
14. Reapply ultrasonic coupling gel and use talcum powder to dust under the abdominal belt to keep the skin dry and promote the woman's comfort.	____	____
15. Reposition the transducer whenever the fetal signal becomes unclear, such as when the mother moves or the fetus descends in the pelvis.	____	____

IMPORTANT: Ensure a clear, interpretable tracing during fetal monitoring.

16. Remove the ultrasound transducer, after use.	____	____

⚠ **NOTICE:** Ultrasound crystals are fragile and impact can damage them. Do not drop transducer or allow it to swing and impact against equipment.

---

17. Clean the transducer according to agency procedures or follow the directions in the manufacturer's manual.	____	____
18. Loosely coil the cable and secure this with a rubber band or place loosely coiled in a secure area.	____	____
19. Dispose of disposable abdominal belt, if used.	____	____

NOTE: If a reusable belt is used, it should be washed according to the agency's procedure before the next woman's use.

PROCEDURE

Monitor uterine activity using a tocotransducer.

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition; chart any changes.	_____	_____
Planning		
1. Reassure patient and her family and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____
Implementation		
1. Collect equipment.	_____	_____
2. Wash your hands.	_____	_____
3. Position the abdominal belt around the woman's upper abdomen over the uterine fundus.	_____	_____
4. Place patient in a comfortable semi-lateral position.	_____	_____
5. Insert the tocotransducer plug into the appropriate monitor connector labeled "uterine activity", "utero", or "toco".	_____	_____
6. Place the transducer on the maternal abdomen over the fundus where there is the least amount of maternal tissue between the pressure-sensing button and the uterus.	_____	_____
7. Secure the tocotransducer with the abdominal belt.	_____	_____
8. Turn on the power.	_____	_____

Yes No

9. Adjust the pen-set knob between contractions to make the stylet print approximately at the 20 mm Hg line on the chart paper. _____ _____

NOTE: This adjustment prevents a grinding noise that occurs when the stylet drops below 0, as occurs with maternal movement and deep inspiration.

10. Test the tocotransducer by applying slight pressure and observe the strip chart for a relative inflection of momentary increase from the "base line". _____ _____

11. Monitor the frequency and duration of the contractions and document them in the nurse's notes. _____ _____

NOTE: The tocotransducer cannot measure intensity of contractions or resting tone between contractions, since the depression of the pressure-sensing button varies with the amount of maternal adipose tissue. Therefore, the information should not be relied on to assess the need for analgesia in relation to strength (painfulness) of contractions as registered by the machine.

12. When monitoring is in progress, readjust the abdominal strap hourly and massage any reddened skin areas. _____ _____

NOTE: A small amount of powder can be applied under the belt to promote comfort.

13. Palpate the fundus every 15 to 30 minutes to assess intensity of uterine contractions. _____ _____

14. Reposition the transducer periodically and secure the abdominal belt snugly to promote comfort and ensure a good recording. _____ _____

15. Remove according to agency procedures or follow procedures in operating manual. _____ _____

	Yes	No
16. Clean up:		
a. Wash your hands.	_____	_____
b. Properly dispose of equipment.	_____	_____
Evaluation		
17. Identify the patient's response to nursing care plans and situations.	_____	_____
18. Assess frequency and duration of contractions.	_____	_____
19. Assess skin condition.	_____	_____
20. Assess patient's comfort level.	_____	_____
Documentation		
21. Document according to agency procedures.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Observed safety rules	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Operated and handled equipment properly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

____
(Date)

____
(Evaluator's Signature)

____
(Evaluator's Position)

JOB SHEET 3

CARE FOR THE PRENATAL PATIENT

Name ______________________________ **Score** __________

OBJECTIVE 32

Assess deep tendon reflexes (DTRs).

INTRODUCTION

These tests are indicated for patients who are preeclamptic and patients who have eclampsia. Follow hospital procedures in performing these tests, including the time span between each assessment.

EQUIPMENT AND SUPPLIES

- Percussion hammer
- Chart or form for noting findings

NOTE: The following rating scale is used to determine responses.

+	Very brisk, hyperactive; with spastic alternation of contraction and relaxation (clonus)
3+	Hyperflexion without the clonus
2+ 1+	Within normal range
0	No reflex

PROCEDURE

Functional Reading Skills
- Follow written instructions

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Assessment and Analysis	Yes	No
1. Check physician's orders.	____	____
2. Identify patient.	____	____
3. Observe patient's condition, chart any changes.	____	____
Planning		
1. Reassure patient and explain procedure.	____	____
2. Prepare for procedure.	____	____

Interactive Communication Skills
- Communicate with clients/customers

General Relating Skills
- Interact with clients/ customers/patients

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

Yes No

Implementation

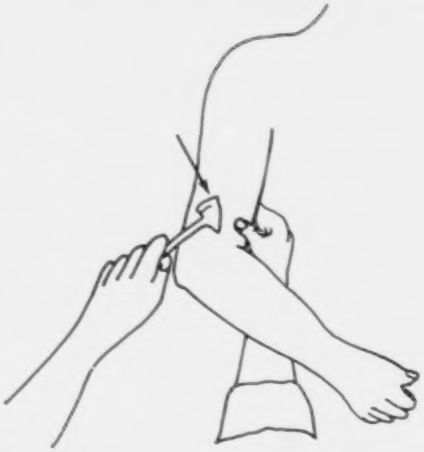
1. Collect equipment. ____ ____

2. Wash your hands. ____ ____

Test biceps reflex

1. Place patient's arm over your opposite arm so that it rests upon your forearm. ____ ____

2. With your hand supporting patient's arm under medial side of elbow, place your thumb on patient's biceps tendon in the cubital fossa. ____ ____



The Biceps Reflex

3. Have patient rest her arm on your forearm, and let her arm relax completely. ____ ____

4. When her arm is totally relaxed, tap your thumbnail with narrow end of hammer. ____ ____

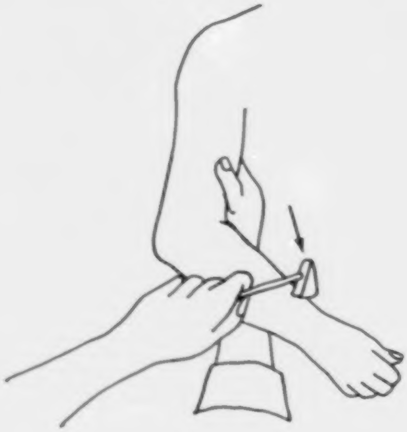
NOTE: Patient's biceps will jerk slightly. You will be able to either see or feel its movement.

5. Record assessment. ____ ____

Test brachioradialis reflex Yes No

1. Support patient's arm in the same manner described for testing the biceps reflex. ____ ____

2. Using flat edge of hammer, tap patient's brachioradialis tendon at the distal end of radius to elicit radial jerk. ____ ____



The Brachioradialis reflex

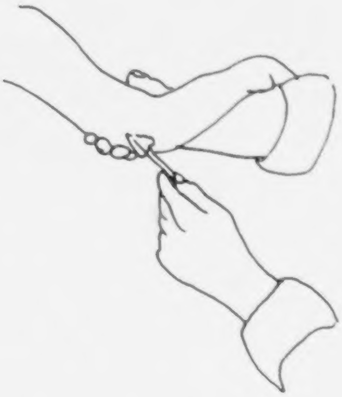
3. Record assessment. ____ ____

Test triceps reflex Yes No

1. Keep patient's arm in same position used for two previous tests, and ask patient to relax arm completely. _____ _____

2. When you feel the lack of tension in the triceps muscle, use the narrow end of the hammer to tap triceps tendon where it crosses the olecranon fossa. _____ _____

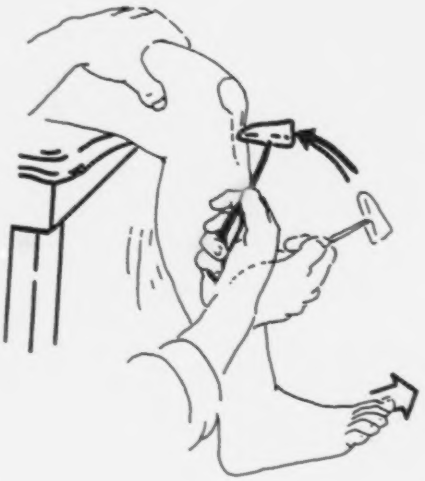
NOTE: You should be able to see the reflex or to feel it as a slight jerk on your supporting arm.



The Triceps Reflex

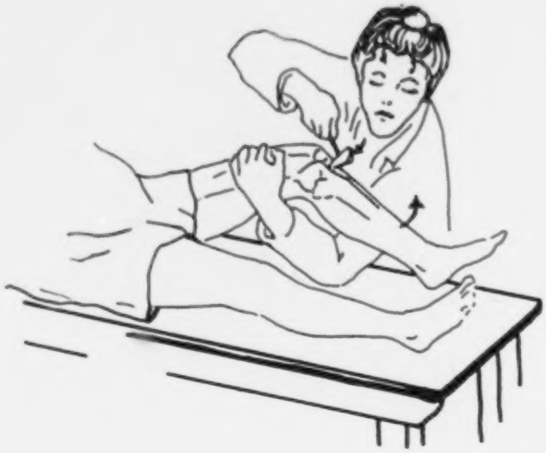
3. Record assessment. _____ _____

Test patellar reflex	Yes	No
1. Have patient sit on edge of bed with her legs dangling free or have her sit in a chair with one leg crossed over her other knee. If patient is in bed, support her knee in a few degrees of flexion.	____	____
2. Locate patient's infrapatellar tendon accurately by palpating the soft tissue depression on either side of infrapatellar tendon.	____	____



Patellar Reflex

3. Elicit reflex by tapping patient's tendon with small end of hammer at level of knee joint, using short, smart wrist action.	____	____

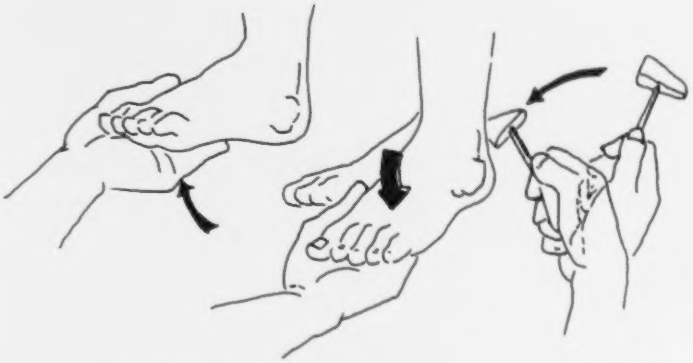


Position to Elicit Patellar Reflex on a Bed Patient

	Yes	No
4. Record assessment according to scale.	____	____

Test Achilles tendon reflex Yes No

1. Ask patient to sit on edge of bed and dangle her legs; put tendon into slight stretch by gently dorsiflexing the foot. _____ _____



Testing the Achilles Tendon Reflex

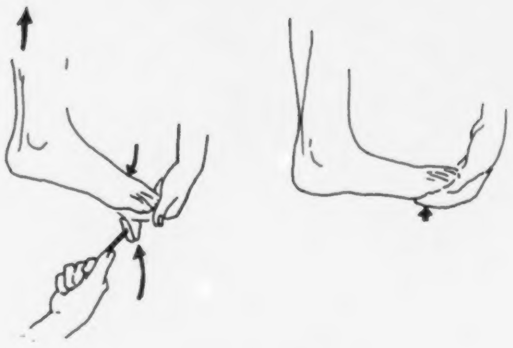
2. Locate patient's tendon accurately by placing your thumb and fingers into the soft tissue depressions on either side of tendon. _____ _____

3. Tap tendon with flat end of hammer, using a wrist-flexing action to induce sudden, involuntary plantar flexion of the foot. _____ _____

4. If patient's ankle joint is swollen, or if it would be painful to tap the Achilles tendon directly, test ankle reflex by having patient lie prone with her ankle over edge of bed. _____ _____

5. Press against ball of patient's foot with your fingers to dorsiflex it, and strike your fingers with flat end of hammer. _____ _____

NOTE: The reflex should be detectable through your hand.



An Alternate Method for Testing The Achilles Tendon Reflex

	Yes	No
6. Record assessment.	____	____
7. **Clean up:**		
a. Wash your hands.	____	____
b. Properly clean and store or dispose of equipment.	____	____
Evaluation		
8. Identify patient's response to nursing care plans and situations.	____	____
9. Record assessments accurately.	____	____
Documentation		
10. Document according to agency procedures.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Observed safety rules	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Used tools and equipment properly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training

3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required

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1 **Unskilled** – Is familiar with process, but is unable to perform job

____
(Date)

____
(Evaluator's Signature)

____
(Evaluator's Position)

WRITTEN TEST

CARE FOR THE PRENATAL PATIENT

I

Name ______________________ Score __________

OBJECTIVE 1

Match terms associated with the prenatal patient to their definitions. Write the correct letter in the blank.

Part 1

____ 1. Before delivery; antepartum

____ 2. Softening of lower segment of uterus during second and third months of pregnancy

____ 3. Softening of cervix occurring about time of second missed menstrual period

____ 4. Dark blue discoloration of vaginal mucous membrane

____ 5. Dark pigmented line often present in pregnant women and extending from pubes upward in midline

____ 6. Outermost fetal membrane that surrounds the amnion

____ 7. Innermost of fetal membranes forming a fluid-filled sac for protection of embryo

____ 8. Transparent, almost colorless fluid contained in amnion; composed of albumin, urea, creatinine, water, and various salts

____ 9. Fertilized ovum

____10. LGA

a. Amnion
b. Amniotic fluid
c. Chadwick's sign
d. Chloasma
e. Chorion
f. Embryo
g. Fetus
h. Goodell's sign
i. Hegar's sign
j. Large for gestational age
k. Linea nigra
l. Pregnancy
m. Prenatal
n. Zygote

May be photocopied for student use

Part 2

____ 1. White, shiny, slightly depressed lines on abdomen, breasts, or thighs following prolonged stretching of skin; stretch marks

____ 2. Brownish pigmentation of face during pregnancy

____ 3. A three-month stage or period of pregnancy

____ 4. Nausea and vomiting usually in early part of day in first months of pregnancy

____ 5. Placenta that is implanted in lower portion of uterus

____ 6. Termination of pregnancy before the fetus is viable; that is before it can survive outside of the uterus

____ 7. Pathological condition sometimes occurring in last half of pregnancy with symptoms of hypertension, edema, proteinuria, sodium retention, and convulsions or coma

____ 8. Implantation of fertilized ovum outside uterine cavity

____ 9. Termination of pregnancy before the age of viability without mechanical or medical interference

a. Abortion

b. Chloasma gravidarum

c. Ectopic pregnancy

d. Legal abortion

e. Linea nigra

f. Morning sickness

g. Placenta abruptio

h. Placenta previa

i. Placental pregnancy

j. Spontaneous abortion

k. Striae

l. Term

m. Therapeutic abortion

n. Toxemia

o. Trimester

May be photocopied for student use.

Part 3

____ 1. Premature separation of placenta before labor or delivery

____ 2. Transformation of all or part of placenta into grape-like cysts with rapid growth of uterus and with hemorrhage

____ 3. Prolonged and excessive vomiting in pregnancy

____ 4. Widespread formation of thromboses in the microcirculation mainly within the capillaries; a coagulation defect prevents the blood from clotting

____ 5. Mechanical defect in cervix causing dilation and effacement in early pregnancy

____ 6. Transabdominal puncture of amniotic sac to obtain a sample of amniotic fluid

____ 7. Instrument for estimating the duration and force of uterine contractions

____ 8. Excessive volume of amniotic fluid

____ 9. Curved, hinged instrument with adjustable arms used for measuring pelvis

a. Amniocentesis
b. Amniotic fluid
c. Bloody show
d. Disseminated intravascular coagulation (DIC)
e. Eclampsia
f. Fetal monitor
g. Gravida
h. Hydatidiform mole
i. Hyperemesis gravidarum
j. Incompetent cervical os
k. Pelvimeter
l. Placenta abruptio
m. Placenta previa
n. Polyhydramnios
o. Pregnancy-induced hypertension (PIH)
p. Tocodynamometer

May be photocopied for student use.

Part 4

____ 1. Severe pregnancy-induced hypertension in which convulsions and/or coma occur

____ 2. Measurement of dimensions of pelvis to assess its adequacy for childbirth

____ 3. Product of conception from moment of fertilization to end of eighth week after fertilization

____ 4. Four weeks; twenty-eight days

____ 5. Embedding of the fertilized ovum in the lining of the uterus

____ 6. Woman who is pregnant; number of pregnancies of any duration

____ 7. Woman during her first pregnancy

____ 8. Woman who has been pregnant two or more times

____ 9. Refers to previous pregnancies that have reached viability

____10. Woman who is having or has had one viable child

a. Eclampsia
b. Embryo
c. Fetus
d. Gestation
e. Gravida
f. Implantation
g. Lunar month
h. Multigravida
i. Multipara
j. Para
k. Parity
l. Pelvimetry
m. Preeclampsia
n. Primigravida
o. Primipara
p. Tocometry

May be photocopied for student use.

Part 5

_____ 1. Woman who has borne more than one viable child

_____ 2. Lay term for abortion

_____ 3. Capable of living; capable of growing and developing

_____ 4. Developing body in utero from beginning of ninth week after fertilization until birth

_____ 5. First fetal movement felt by mother, which occurs between sixteenth and twentieth weeks of pregnancy

_____ 6. Mild, intermittent, painless uterine contractions that occur during pregnancy

_____ 7. Condition seen in pregnancy or early puerperium, characterized by increasing hypertension, albuminuria, and generalized edema

_____ 8. Period of intrauterine fetal development from conception through birth

_____ 9. Time of expected delivery

_____ 10. Small for gestational age

a. Braxton Hicks contractions

b. Eclampsia

c. Embryo

d. Fetal movement

e. Fetus

f. Gestation

g. Miscarriage

h. Multigravida

i. Multipara

j. Preeclampsia

k. Quickening

l. SGA

m. Term

n. Trimester

o. Viable

p. Zygote

May be photocopied for student use.

Part 6

____ 1. Branch of medicine concerned with the care of women during pregnancy, labor, and postpartum periods

____ 2. Embryo or fetus, placenta, and membranes

____ 3. 42-day period following delivery in which the generative organs return to normal

____ 4. The part of the fetus that lies closest to the internal cervical os

____ 5. Yellowish or white discharge from the vagina or cervical canal

____ 6. Drug that stimulates uterine contractions, thus accelerating childbirth and preventing post-delivery hemorrhage.

____ 7. A woman's ability to carry a pregnancy to the point of infant viability

____ 8. Hormone produced by the posterior pituitary that stimulates uterine contractions and the release of milk in the mammary gland (let-down reflex)

a. Afterbirth
b. Cesarean delivery
c. Dilation
d. Estrogen
e. Gynecology
f. Leukorrhea
g. Obstetrics
h. Oxytocic
i. Oxytocin
j. Parity
k. Postpartum
l. Presenting part
m. Products of conception
n. Prostaglandin
o. Puerperium
p. Quickening

May be photocopied for student use.

OBJECTIVE 2

Select presumptive, probable, and positive signs of pregnancy.
Write the correct letter in the blank.

Part 1

____ 1. Amenorrhea
____ 2. Fetal Heart Sounds
____ 3. Breast Changes
____ 4. Chadwick's Sign
____ 5. Pregnancy Test
____ 6. Fetal movement felt by examiner
____ 7. Quickening
____ 8. Hegar's Sign
____ 9. Nausea
____10. Bony Outline of Fetus on X-ray

a. Presumptive
b. Probable
c. Positive

Part 2

____ 1. Mrs. Robinson made an appointment to see a physician because she had presumptive signs of pregnancy, which include all of the following EXCEPT

a. amenorrhea
b. abdominal enlargement
c. nausea
d. breast changes

____ 2. As Mrs. Robinson's obstetrician does the pelvic exam, he feels softening of the lower uterine segment. This is known as

a. Chadwick's sign
b. Goodell's sign
c. Hegar's sign
d. Kegel's sign

May be photocopied for student use

____ 3. The nurse takes Mrs. Robinson's fetal heart tones. It is 130 beats per minute. This FHT is which of the following signs of pregnancy?

a. Positive
b. Probable
c. Presumptive
d. Possibly

____ 4. One of the presumptive signs that the patient is likely to be aware of early in pregnancy is

a. quickening
b. Braxton Hicks contractions
c. enlargement of the abdomen
d. amenorrhea

____ 5. Certain of the probable signs of pregnancy are due to the increased blood supply and increased hormones produced during pregnancy. Which of the following is NOT caused by these?

a. Braxton Hicks contractions
b. Chadwick's sign
c. Goodell's sign
d. Hegar's sign

May be photocopied for student use.

OBJECTIVE 3

Match prenatal stages of development with their gestational periods. Identify the period in which the development first appears and write the correct letter in the blank. Answers may be used more than once

____ 1. Fetus is approx. 1.2 in long and weighs 1/30 oz

____ 2. Sex of fetus obvious

____ 3. Meconium-stained amniotic fluid present

____ 4. Outer layer of cells sends out projections which will develop into placenta and become implanted in uterine wall

____ 5. Vernix caseosa present

____ 6. Chance of survival excellent

____ 7. Quickening occurs

____ 8. With expert care, a fetus born at this time might survive

____ 9. Lanugo present

____10. Meconium formed in the bowel

____11. Teeth forming under the gums

____12. Rudimentary kidneys are present and secrete small amounts of urine

a. 1st week

b. 1st lunar month

c. 2nd lunar month

d. 3rd lunar month

e. 4th lunar month

f. 5th lunar month

g. 6th lunar month

h. 7th lunar month

i. 8th lunar month

j. 9th lunar month

k. 10th lunar month

l. Postmaturity

OBJECTIVE 4

Choose the word or phrase to complete statements about the characteristics and functions of the placenta and umbilical cord. Write the correct letter in the blank.

____ 1. The placenta is a red, circular organ with a diameter of about

a. 4"
b. 6"
c. 8"
d. 10"

May be photocopied for student use.

____ 2. The placenta has a thickness of about 1 to 1.5 inches and weights approximately

a. .5 to 1 lb
b. 1 to 2 lb
c. 1.5 to 2.5 lb
d. 2 to 3 lb

____ 3. The fetal side of the placenta is

a. composed of cotyledons
b. irregularly rough
c. smooth and glistening
d. flexible and rough

____ 4. The placenta is fully developed by the

a. 10th week of pregnancy
b. 12th week of pregnancy
c. 15th week of pregnancy
d. 18th week of pregnancy

____ 5. The placenta provides for nutrition, excretion, and respiration of fetus through contact with uterine blood supply and acts as protective barrier to protect the fetal circulation from

a. some drugs and harmful organisms
b. all drugs and harmful organisms
c. cigarette smoke and other toxic gases
d. progesterone secretions

____ 6. The placenta secretes chorionic gonadotrophin to

a. promote growth and development of the fetus
b. maintain pregnancy and lactation
c. inhibit uterine contractions
d. maintain the corpus luteum of the ovary

____ 7. The umbilical cord is composed of

a. two arteries and two veins
b. one artery and two veins
c. two arteries and one vein
d. two arteries and two veins

May be photocopied for student use.

160

____ 8. The umbilical cord is covered by

a. Wharton's jelly
b. myelin sheath
c. vernix
d. striae

OBJECTIVE 5 **Discuss assessment of the prenatal patient.**

1. What are the seven areas of assessment?

____

____

____

____

____

____

____

2. What symptoms might indicate pregnancy-induced hypertension?

____

____

3. What two pelvic measurements are taken in the assessment?

____

____

May be photocopied for student use.

4. What are two indications that an X-ray pelvimetry is indicated?

____

____

____

____

5. a. What levels of hemoglobin and hematocrit should be maintained?

Hemoglobin: at least ________

Hematocrit: at least _______

b. Lower levels indicate what condition? ____________

6. Blood tests will be made to determine what two factors?

____

____

7. For what type of patient will the Glucose Tolerance Test be performed?

____

____

8. If a woman has not had a recent PAP smear, when will this test be performed?

____

May be photocopied for student use.

9. What is the typical schedule of visits to the physician to insure adequate supervision?

____

____

____

10. What standard assessments are made on each subsequent visit?

____

____

____

____

____

OBJECTIVE 6

Choose the word or phrase to complete statements about prenatal medical diagnostic tests and their purposes, patient preparation, interpretations and post-test care. Write the correct letter in the blank.

____ 1. A positive non-stress test means that the fetal heart rate increased by 15 beats/minute above baseline

- a. 2 times in 15 minutes
- b. 3 times in 15 minutes
- c. 3 times in 20 minutes
- d. 5 times in 20 minutes

____ 2. Amniocentesis is used for all of the following EXCEPT

- a. to detect hydatiform mole
- b. to determine fetal age and maturity, especially pulmonary maturity
- c. to determine Alpha-Fetoprotein (AFP) levels for detection of neural tube defects such as spina bifida, anencephaly, etc.
- d. to measure levels of estriol and fetal thyroid hormone

May be photocopied for student use.

____ 3. A woman with multiple gestations or an incompetent cervix should NOT have a/an

a. amniocentesis
b. OCT
c. non-stress test
d. ultrasonography

____ 4. Oxytocin infusion is increased every 15 minutes until the woman has

a. 3 contractions in 10 minutes
b. 4 contractions in 10 minutes
c. 5 or more contractions in 15 minutes
d. 5 or more contractions in 20 minutes

____ 5. To perform the nipple-stimulating method for the CST, the nurse instructs the patient to stimulate

a. each nipple separately for 15 minutes each
b. one nipple for 10 minutes, then both for 10 minutes, if contractions do not occur
c. both nipples for 15 minutes
d. both nipples for 20 minutes

____ 6. A negative CST is

a. occurrence of late or other ominous responses of the FHR to contraction
b. three contractions of good quality and duration without late decelerations or other ominous responses of the FHR to contraction
c. one contraction of good quality and duration without late decelerations or other ominous responses of the FHR to contraction
d. an indication of placental insufficiency

____ 7. The nurse should monitor the mother's blood pressure and uterine activity for deviations during

a. amniocentesis
b. non-stress test
c. CST
d. ultrasonography

____ 8. The non-stress test takes approximately

a. 30 minutes
b. 35 minutes
c. 40 minutes
d. 45 minutes

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____ 9. If a woman has a non-reactive non-stress test, the doctor will probably order a/an

a. CST or OCT
b. amniocentesis
c. ultrasonography
d. repeat non-stress test

____10. Ultrasonography can detect pregnancy as early as

a. 3 weeks
b. 4 weeks
c. 5 weeks
d. 6 weeks

____11. to prepare your patient for ultrasonography. You tell her to drink plenty of fluid and

a. void before the 10-minute test
b. void before the 20-minute test
c. not void before the 10-minute test
d. not void before the 20-minute test

____12. The test that assesses FHR acceleration in response to fetal activity is

a. amniocentesis
b. OCT
c. non-stress test
d. CST

____13. The patient is placed in a semi-Fowler's position for

a. amniocentesis and ultrasonography
b. ultrasonography and non-stress test
c. OCT and ultrasonography
d. OCT and non-stress test

____14. Post-test care for amniocentesis includes monitoring FHR and maternal vital signs every

a. 5 minutes for 20 minutes
b. 15 minutes for 30 minutes
c. 10 minutes for 20 minutes
d. 10 minutes for 30 minutes

____15. The size of internal structures is determined by

a. amniocentesis
b. non-stress test
c. OCT
d. ultrasonography

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OBJECTIVE 7

Choose the word or phrase to complete statements about physiological changes that occur in each body system during pregnancy. Write the correct letter in the blank.

SITUATION: This is Sally's first pregnancy. She wants to know how her body will change over the next few months.

____ 1. Major changes will occur in Sally's musculoskeletal system, including all of the following EXCEPT

a. hip joints loosen and separate
b. lordosis increases
c. symphysis pubis loosens
d. symphysis pubis tightens

____ 2. Sally asks you about stretch marks that can occur on the thighs, abdomen, or breasts. You tell her they are called

a. chloasma
b. striae
c. linea nigra
d. diastasis recti

____ 3. Sally asks about what will happen to her uterus. You explain that

a. the cervix will soften in her second trimester
b. the uterus is a solid organ that changes to a thin-walled muscular sac that expands
c. the uterus is a muscular structure that can increase greatly in size as the fetus grows
d. the cervix and uterus gradually become thinner and soften in order to increase in size

____ 4. Sally's blood pressure will be

a. higher
b. about the same
c. lower
d. more variable

____ 5. Sally's metabolism will

a. gradually increase as much as 25%
b. remain about the same
c. gradually decrease as much as 25%
d. fluctuate widely throughout the pregnancy

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____ 6. Sally is concerned about her ability to be a good mother and hardly mentions the baby as an individual. You recognize that

a. this is normal behavior for the first trimester
b. Sally should see a psychologist
c. Sally is self-centered and should think about the baby
d. this behavior is premature and does not normally occur until the third trimester

____ 7. The following are all changes which occur in the vagina during pregnancy. The change MOST LIKELY to cause Sally discomfort is

a. increased blood supply and hypertrophy of the muscle cells
b. bluish or purplish discoloration
c. increased vaginal secretions
d. thickening of the mucosa and loosening of the connective tissue

____ 8. You can tell Sally that she can expect tingling and a sense of fullness in her breasts due to

a. striae gravidarum
b. production of colostrum
c. enlargement of blood vessels and secreting glands
d. increased pigmentation

____ 9. You can tell Sally that toward the end of her pregnancy she

a. may feel ambivalent
b. will be perfectly adjusted to becoming a mother
c. will have a natural increase in symptoms
d. may experience resentment or hostility toward the child

____10. Sally complains that she has to urinate frequently. Your best response to her would be

a. expect this problem throughout the pregnancy
b. this problem will decrease after the first trimester
c. you should call your doctor when this occurs
d. you probably have the start of a bladder infection

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____11. You should warn Sally about the possibility of constipation due to

a. pressure of the growing fetus on the digestive system
b. increased pressure on the kidneys
c. increased motility of the digestive tract
d. slower digestive processes

____12. Sally is filled with wonder and awe when you tell her that her body will increase in all of the following EXCEPT

a. blood volume
b. endocrine gland size and activity
c. pulse and respiratory rate
d. stomach acid production

OBJECTIVE 8

Choose the word or phrase to complete statements about the promotion of positive health for prenatal patients. Write the correct letter in the blank.

____ 1. During the first trimester, the recommended weight gain is

a. 75 to 1 pound per week
b. 1 to 2 pounds per week
c. 2 to 4 pounds
d. 5 to 6 pounds

____ 2. The mother's daily intake of calcium and iron should be about

a. 500 mg calcium, 20-25 mg iron
b. 1.0 gm, 10-15 mg iron
c. 1.2 gm calcium, 15-20 mg iron
d. 1.5 gm, calcium, 12-15 mg iron

____ 3. The mother should increase her daily caloric intake by

a. 300 calories
b. 400 calories
c. 500 calories
d. 600 calories

____ 4. The nurse might recommend that the mother avoid knee-high hose and panty girdles and wear a wide-strap bra and

a. flat shoes
b. broad heels
c. support shoes
d. tie shoes

May be photocopied for student use.

_____ 5. Exercise during pregnancy should

a. include low-impact aerobics
b. be restricted to walking
c. occur in a class designed especially for pregnant women
d. be consistent with what she did before pregnancy

_____ 6. Sexual relations during pregnancy should be

a. discontinued
b. avoided during the time of the menstrual cycle throughout the pregnancy
c. continued normally
d. as recommended by the doctor

_____ 7. The mother should avoid alcohol, smoking, and all of the following EXCEPT

a. aspartame
b. aspirin
c. bathing
d. douches

_____ 8. The daily diet should include 3 or more servings of proteins; 4 or more servings of vegetables and fruits and

a. 1 quart of milk and 6-8 glasses of fluids
b. 1 quart of milk and 1 quart of fluids
c. 2 or more servings of breads and cereals
d. 3 or more servings of breads and cereals

_____ 9. During pregnancy a woman should increase her daily intake of vitamins

a. B-1, B-12, C and D
b. A, C, and D
c. A, C, D, and E
d. A, C, and E

_____10. The daily intake of protein should be increased by about

a. 10 gm
b. 15 gm
c. 20 gm
d. 30 gm

May be photocopied for student use.

OBJECTIVE 9

Select prevention techniques and treatments for prenatal patients with minor discomforts. Write the correct letter in the blank.

Mrs. Lois Lamb is pregnant for the first time. She is upset about how she is feeling and how she is looking during her pregnancy. She asks you if these discomforts will ever go away.

____ 1. Morning sickness can be relieved by

- a. not eating breakfast
- b. eating dry toast or a cracker one-half hour before getting up in the morning
- c. eating a snack before going to bed
- d. drinking only juice and milk for breakfast

____ 2. Heartburn can be relieved by

- a. eating a high protein, high carbohydrate diet
- b. eating three large meals
- c. eating frequent small meals
- d. taking baking soda after each meal

____ 3. You should encourage Mrs. Lamb to practice moderate exercise to prevent or relieve all of the following EXCEPT

- a. faintness
- b. supine hypotension
- c. varicose veins
- d. constipation

____ 4. Constipation can be relieved by

- a. taking a laxative every day
- b. resting
- c. drinking plenty of fluids
- d. taking mineral oil

____ 5. Food cravings can be prevented by

- a. eating small meals
- b. chewing food well
- c. taking vitamin and mineral supplements
- d. there is no prevention

May be photocopied for student use.

____ 6. Shortness of breath can be relieved by stopping or decreasing amount of smoking and by

a. stretching exercises
b. eating three large meals a day
c. eating foods high in iron content
d. good posture

____ 7. Ankle edema can be relieved by

a. standing for a prolonged time
b. taking diuretics
c. avoidance of constrictive clothing
d. heavy exercising

____ 8. Joint pain, backache, and pelvic pressure can be relieved by

a. wearing shoes with a high heel
b. sleeping on a soft mattress
c. wearing a maternity girdle
d. bending at the back when picking up an object

____ 9. Varicose veins can be relieved by wearing support stockings and by

a. fast walking
b. resting with legs elevated
c. applying ice packs
d. wearing a panty girdle

____10. Mood swings during pregnancy can be relieved by

a. seeing a psychiatrist
b. having family ignore her during this time
c. getting support from family
d. taking sedatives

____11. Leukorrhea can be relieved by

a. douching every other day
b. taking iron supplements
c. good hygiene and perineal care
d. using non-prescription vaginal suppositories

May be photocopied for student use.

_____12. There is no known prevention for all of the following EXCEPT

a. constipation
b. ptyalism
c. urinary frequency and urgency
d. fatigue

OBJECTIVE 10

Choose the word or phrase to complete statements about ectopic pregnancy, including contributing factors, assessment, diagnostic evaluation and nursing intervention. Write the correct letter in the blank.

_____ 1. Ectopic pregnancy is a major cause of maternal mortality because of

a. enlargement of the uterus
b. renal disease
c. choriocarcinoma
d. hemorrhage

_____ 2. Contributing factors include endometriosis, previous tubal surgery, congenital anatomic irregularity,

a. PID, and salpingitis
b. PID, and diabetes
c. multigravida, and salpingitis
d. diabetes, and autoimmune disease

_____ 3. Nursing interventions include all of the following EXCEPT

a. pre- and postoperative care
b. preventing shock
c. blood transfusions
d. hysterectomy

_____ 4. The most common site for an implant is

a. ovarian
b. tubal
c. cervical
d. abdominal

May be photocopied for student use.

____ 5. Early symptoms of an ectopic pregnancy include menstrual irregularities, symptoms of early pregnancy and

a. weight loss
b. acute pain on the affected side
c. dull pain on the affected side
d. vomiting

____ 6. Early pain from tubal rupture is

a. generalized and severe
b. unilateral and severe
c. generalized and intermittent
d. unilateral and intermittent

____ 7. After the first pain of rupture, pain

a. radiates to shoulder and neck
b. intensifies as the rupture site
c. diminishes and becomes more localized
d. centers in the cervical area

____ 8. The patient's temperature

a. is high
b. may be normal or low
c. varies
d. is subnormal

OBJECTIVE 11

Choose the word or phrase to complete statements about the assessment of, and nursing interventions for a hydatidiform mole. Write the correct letter in the blank.

____ 1. Hydatidiform mole occurs in about 1 pregnancy in

a. 500
b. 1000
c. 2000
d. 5000

____ 2. Continuous or intermittent red or brownish bloody discharge occurs about the

a. 12th week
b. 14th week
c. 16th week
d. 18th week

May be photocopied for student use.

_____ 3. Nursing interventions include all of the following EXCEPT

a. provide pre- and postoperative care
b. monitor blood if prescribed
c. monitor fetal heartbeat
d. counsel woman to avoid pregnancy for 6 mo to 1 yr

_____ 4. The woman should have routine examinations for a year for chest X-rays, tests for choriocarcinoma, and to monitor

a. fibrinogen level
b. thyroid hormone levels
c. gonadotropin activity
d. platelet count

_____ 5. About 30% of women with this condition experience

a. choriocarcinoma
b. hyperemesis gravidarum
c. peremesis gravidarum
d. hypertensive disease

OBJECTIVE 12

Choose the word or phrase to complete statements about the assessment of, nursing interventions, and expected outcomes for hyperemesis gravidarum. Write the correct letter in the blank.

_____ 1. A contributing factor is thought to be

a. anxiety or negative attitudes toward pregnancy
b. vitamin deficiency
c. diabetes
d. inherited tendency

_____ 2. In a woman with hyperemesis gravidarum, the HCG levels are

a. variable
b. low
c. normal
d. high

May be photocopied for student use.

____ 3. Regarding food for the patient with hyperemesis gravidarum, the nurse should

a. provide hot or cold beverages
b. make sure the food is neither hot nor cold
c. discuss the foods with the patient before serving them
d. place the emesis basin on the tray with the food when it is served

____ 4. The urine will be scanty and concentrated and the pulse rate will be

a. variable
b. slower than normal
c. faster than normal
d. normal

____ 5. Clinical manifestations include all of the following EXCEPT

a. heartburn
b. diarrhea
c. signs of vitamin deficiency
d. dehydration

OBJECTIVE 13

Select from a list predisposing factors of spontaneous abortions. Write an "X" in the blank before each factor.

____ 1. Decrease in production of progesterone

____ 2. Incompatible Rh factors

____ 3. Radiation

____ 4. Anesthetic or illuminating gases

____ 5. Exercise

____ 6. Anxiety

____ 7. Primigravidism

____ 8. Maternal thyroid dysfunction

____ 9. Severe linea nigra

____10. Vitamin deficiency

May be photocopied for student use.

____11. Imperfect ova or sperm cells; abnormal development

____12. Incompetent cervix

____13. Certain chemicals; heavy metal poisoning

____14. Decrease in production of estrogen

____15. Increase in production of progesterone

____16. Systemic disease in parents

____17. Acute infections

____18. Environmental or work-place hazards

____19. Multigravidism

____20. Severe maternal anemia

OBJECTIVE 14

Choose the word or phrase to complete statements about assessment of, nursing interventions for, and management of types of spontaneous abortions. Write the correct letter in the blank.

____ 1. In a missed abortion,

- a. the fetus has died prior to the 20th week
- b. the woman has had 3 or more successive abortions
- c. the fetus is expelled, but the placenta and membrane are retained
- d. the woman has profuse bleeding

____ 2. Fibrinogen concentrations should be monitored weekly for a woman who had an abortion that was

- a. habitual
- b. threatened
- c. inevitable
- d. missed

____ 3. The type of spontaneous abortion in which bleeding occurs with or without cramps or backache early in the pregnancy, is a/an

- a. inevitable abortion
- b. habitual abortion
- c. threatened abortion
- d. incomplete abortion

May be photocopied for student use.

____ 4. Management for an inevitable abortion includes

a. surgical suturing of the cervix
b. ultrasound monitoring of fetus
c. oxytocin administration
d. embryo delivered, followed by D&C

____ 5. With an habitual abortion,

a. threatened abortion occurs in over 65% of the cases
b. most abortions are incomplete
c. treatment can enable 70-80% to carry successful pregnancy
d. the embryo is delivered, followed by a D&C

____ 6. A woman experiencing profuse bleeding, dilated cervix, ruptured membranes and painful uterine contractions is PROBABLY having an abortion that is

a. incomplete
b. inevitable
c. missed
d. threatened

____ 7. A D&C and a hysterogram are included in the management of an abortion that is

a. incomplete
b. habitual
c. missed
d. inevitable

____ 8. For a woman experiencing a threatened abortion, you should assist with the vaginal examination, keep a pad count, and

a. encourage bed rest
b. administer analgesics
c. provide pre- and postoperative care
d. administer antibiotics

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OBJECTIVE 15

Choose the word or phrase to complete statements about the legal aspects of, indications for, and counseling before therapeutic abortions. Write the correct letter in the blank.

The following questions are based on the 1973 Supreme Court ruling.

____ 1. The abortion decision is left to the mother and the physician

a. throughout the pregnancy
b. during the 1st trimester only
c. during the 1st or 2nd trimester
d. during the 2nd trimester only

____ 2. During the 2nd trimester, the state

a. may prohibit abortion
b. may not interfere with abortion
c. may regulate the abortion
d. may support the abortion

____ 3. A situation in which a woman may receive a therapeutic abortion would include all of the following EXCEPT

a. the mother has renal insufficiency due to diabetes
b. the father is an alcoholic
c. the mother is pregnant by her grandfather
d. amniocentesis has indicated the child has Down's Syndrome

____ 4. Marian Lafferty is having her first child at the age of 38. The amniocentesis and ultrasound indicate that the fetus has severe physical and mental deformities. In addition, she is at risk because of cardiac disease. Her physician recommends abortion and appeals to the state because he feels Mrs. Lafferty's life is in danger if she delivers the child. Mrs. Lafferty's religious beliefs do not permit abortion. Mrs. Lafferty MOST LIKELY will

a. not have the abortion
b. be forced by the state to have the abortion
c. have to hire a lawyer to defend herself
d. find another physician

May be photocopied for student use

____ 5. Emily is a 16-year old who has come to the abortion clinic. Before any tests or scheduling are done, she must go through abortion counseling. The 1973 law required that she and the counselor discuss all of the following EXCEPT

a. that Emily wants the abortion because she got pregnant "accidently"; she feels she is too young to be a mother and that having a baby will keep her from being cheerleader
b. who the father is and what his financial and moral responsibilities are to Emily and the baby
c. how Emily can change her life plans to accommodate a baby and whether a child might not be more important than cheerleading
d. adoption

(Your instructor may add questions to this objective to incorporate recent changes in the laws regarding abortion)

OBJECTIVE 16

Choose the word or phrase to complete statements about nursing interventions for abortion. Write the correct letter in the blank.

Jean Louise Walker is hospitalized with a spontaneous abortion. She is 24 years old and this is her first pregnancy. Her husband Robbie and her mother are with her. She was alone at home when she started bleeding and the membranes ruptured. She is experiencing anxiety and pain. It appears likely that she will have an inevitable abortion.

____ 1. Jean Louise says the pain is so bad, she can't stand it. You explain to her that

a. the doctor ordered pain medication but she can't have any more for another four hours
b. she shouldn't be afraid, the pain is normal
c. the pain will stop when the embryo and membranes are expelled
d. deep breathing will stop the pain

____ 2. To avoid infection, you make sure that

a. Robbie and his mother-in-law wear masks
b. Jean Louise's examination is performed under aseptic conditions
c. you wear gloves
d. Jean Louise washes her hands after voiding

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____ 3. Robbie tells you he is worried that Jean Louise will be depressed because they had waited two years to have this baby. He is near tears as he is telling you. When you talk to Jean Louise, you should

a. tell her that Robbie is worried she will get depressed
b. tell her not to worry about anything, that it will turn out for the best
c. ask her to tell you about the pregnancy and about their plans for the baby
d. encourage her to relax and take deep breaths when she feels like crying

____ 4. Jean Louise's mother is reacting to the abortion with nervous anxiety and is talking almost continuously. You see that Jean Louise's attention keeps drifting off. You should

a. invite the mother for a cup of coffee to give Jean Louise some time to grieve
b. take the mother aside and ask her to please try to control herself
c. ask the doctor to prescribe a mild sedative for the mother
d. sit down with the mother in the room and let her talk to you, taking the burden of listening off Jean Louise

____ 5. The medications you will MOST LIKELY administer are

a. sedatives and antiemetics
b. antimicrobials and analgesics
c. sedatives and magnesium sulfate
d. oxytocin and diuretics

____ 6. Part of your teaching plan is to

a. help Robbie adjust to the loss
b. make sure Jean Louise can use controlled breathing and relaxation techniques
c. encourage the Walkers to conceive again as soon as possible
d. keep Jean Louise lying down until all products of conception have passed

May be photocopied for student use.

OBJECTIVE 17 **Choose the word or phrase to complete statements about abruptio placentae.** Write the correct letter in the blank.

_____ 1. With abruptio placentae, the placenta

a. develops in the lower uterine segment
b. provides insufficient oxygen
c. separates prematurely
d. becomes rigid

_____ 2. The woman MOST LIKELY to develop abruptio placentae is

a. 25, with her first child
b. 25, with her third child
c. 30, with her third child
d. 35, with her fifth child

_____ 3. Predisposing factors include

a. unfavorable decidua in upper uterine segment
b. previous ectopic pregnancies
c. hypertensive and renal disease
d. habitual abortion

_____ 4. Signs and symptoms of abruptio placentae include

a. painless vaginal bleeding
b. vaginal bleeding with severe abdominal pain
c. light red amniotic fluid
d. soft, tender uterus

_____ 5. If bleeding is severe, the nurse should be alert for signs of

a. shock and severe clotting
b. reduced fetal activity
c. severe contractions after delivery
d. intermittent severe abdominal pain

_____ 6. The nurse monitors all of the following EXCEPT

a. HGC levels
b. height of fundus
c. fibrinogen levels
d. fetal heart tones

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_____ 7. With abruptio placentae, the nurse should first

a. prepare the patient for cesarean delivery
b. position the woman on her left side
c. monitor fetal activity every 10 minutes
d. withhold liquids

_____ 8. If the abruptio placentae occurs centrally,

a. the woman is at greater risk than if it occurs peripherally
b. the hemorrhage may be concealed and blood stored under the placenta
c. the hemorrhage will be external, with blowing under the membranes and through the cervix
d. the fetus will undergo trauma related to anoxia

OBJECTIVE 18

Choose the word or phrase to complete statements about placenta previa. Write the correct letter in the blank.

_____ 1. Symptoms and signs of placenta previa include

a. severe abdominal pain
b. painless vaginal bleeding
c. rigid uterus
d. may be induced by trauma

_____ 2. Contributing causes of placenta previa are thought to include

a. multiparity and age
b. trauma when unfavorable decidua are present
c. diabetes
d. hypertensive disease

_____ 3. Diagnosis is made by

a. vaginal examination
b. culdoscopy
c. HGC levels
d. ultrasound

_____ 4. Placenta previa occurs during the last trimester and affects one woman in

a. 100
b. 150
c. 200
d. 250

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____ 5. When a woman has placenta previa

a. initial bleeding could be fatal
b. bleeding may not occur until labor begins
c. initial bleeding may be concealed
d. the fetus dies

____ 6. Nursing interventions include monitoring bleeding and blood count, evaluating contractions, and

a. preventing premature delivery
b. encouraging moderate exercise
c. providing pre- and postoperative care
d. monitoring fibrinogen levels

____ 7. The nurse caring for a patient with placenta previa should be prepared for

a. seizures
b. shock
c. delivery
d. fetal anoxia

OBJECTIVE 19

Choose the word or phrase to complete statements about classification of diabetes in pregnancy. Write the correct letter in the blank.

____ 1. A gestational diabetic may have

a. an SGA infant
b. an LGA infant
c. to take insulin during the pregnancy
d. abnormal fasting blood sugar

____ 2. A woman with Class B diabetes usually has onset of the disease after age 20 and had has it less than 10 years, is insulin dependent. She

a. may have an SGA infant
b. may have an LGA infant
c. probably has vascular complications
d. has retinal changes

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____ 3. Class D women experienced onset before age 10 and have had the disease for 20 years or more. They are insulin dependent and have hypertension. They

a. may have an SGA infant
b. may have an LGA infant
c. have retinopathy
d. have no vascular complications

____ 4. The classification which includes proliferative retinopathy which may intensify for which therapeutic abortion may be a consideration is Class

a. C
b. F
c. H
d. R

____ 5. The significant characteristic of women with Class G diabetes is

a. habitual abortions
b. neuropathy
c. cardiopathy
d. infant SGA

____ 6. In Class F, neuropathy is accompanied by

a. proteinuria and decreased creatinine
b. proteinuria and increased creatinine
c. hypertension and proliferative retinopathy
d. cardiopathy and proteinuria

OBJECTIVE 20

Choose the word or phrase to complete statements about the pregnant diabetic woman. Write the correct letter in the blank.

____ 1. Prior to pregnancy, the woman's nutritional status should be good, and she should

a. increase her insulin dosage
b. expect her insulin requirements to change immediately
c. have a plan to avoid stress and have counseling
d. understand that many diabetic pregnancies abort

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____ 2. Insulin requirements may increase

a. at onset of pregnancy
b. during the first trimester
c. during the second trimester
d. during the third trimester

____ 3. The nurse should assess the patient's support system because

a. she may need someone to take her to the hospital at any time
b. diabetics are usually overanxious and need support
c. she should have someone with her at all times during her pregnancy
d. all diabetics have hypertensive disorder and are unable to handle the stress of pregnancy

____ 4. The nurse should assess all of the following EXCEPT the

a. family's understanding of hypoglycemia and acidosis
b. woman's ability to monitor her blood sugar levels
c. religious attitudes toward abortion
d. woman's understanding of diabetes and pregnancy changes

____ 5. The PRIMARY management concerns for the diabetic woman are to maintain blood sugar within normal range and

a. avoid renal dysfunction
b. promote term delivery
c. maintain stable insulin requirements
d. promote vaginal delivery

____ 6. Infants of diabetic mothers tend to

a. have a normal incidence of congenital abnormalities
b. be smaller
c. be subject to respiratory difficulties
d. encounter increased circulatory difficulties

____ 7. The woman who's diabetes is controlled through diet alone

a. has a better chance of having a healthy baby
b. may be able take oral hypoglycemics while pregnant
c. may require insulin during pregnancy
d. is less prone to polyhydramnios

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____ 8. Madelyn Habbis is a diabetic patient with her first pregnancy. After her initial examination, you meet with her and her husband Frank. You

a. outline a plan of care to be updated at each visit
b. outline her insulin requirements and give her a report form to fill out
c. discuss the likelihood of giving birth to a deformed child
d. encourage her to quit her job and get plenty of rest

____ 9. At a later visit, you and the couple discuss their feelings about pregnancy and about diabetes. You encourage them and reinforce their positive feelings. You also review the danger signs and signals they should watch for. You tell them it's time that Madelyn

a. tours the hospital unit where she will stay
b. has a series of fetal X-rays
c. begins increasing her insulin dosage
d. increases her vitamin and mineral supplements

____10. Having Madelyn and Frank listen to the fetal heartbeat at each visit

a. is required by law
b. is required by most institutions
c. keeps them encouraged and informed
d. helps them retain hope in a critical situation

____11. Insulin requirements may increase as much as

a. 30-40%
b. 50-75%
c. 60-90%
d. 70-100%

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OBJECTIVE 21

Choose the word or phrase to complete statements about pregnancy-induced hypertension (PIH). Write the correct letter in the blank.

____ 1. Gestational edema is considered a type of hypertensive disorder when after 12 hours rest in bed, fluid accumulation in the tissues is greater than

a. 1+; or weight gain is >4 lb in 1 week
b. 1+; or weight gain is >5 lb in 1 week
c. 2+; or weight gain is >5 lb in 1 week
d. 2+; or weight gain is >6 lb in 1 week

____ 2. Unless a hydatiform mole is present, preeclampsia occurs after week

a. 7
b. 12
c. 15
d. 20

____ 3. Preeclampsia is predominately a disease of

a. primigravidas
b. primiparas
c. multigravidas
d. multiparas

____ 4. The first symptom to appear in preeclampsia is usually

a. proteinuria
b. rise in blood pressure
c. rapid weight gain
d. edema

____ 5. Preeclampsia is usually relieved by

a. administration of diuretics
b. termination of pregnancy
c. weight control
d. moderate exercise

May be photocopied for student use.

____ 6. The woman who is MOST LIKELY to develop hypertension disease is

a. a 30 year old professional woman pregnant with her second child
b. a 25 year old in her second pregnancy and whose husband is unemployed
c. a 22 year old single, working mother in her third pregnancy
d. a 17 year old in her first pregnancy who is overweight and collecting welfare

____ 7. Signs and symptoms of hypertension disease include all of the following EXCEPT

a. periorbital edema, drowsiness, and tinnitus
b. weight gain of 2 lb per week after the specified week
c. headaches, vertigo, visual disturbances
d. hyperreflexia and vomiting

____ 8. Possible complications include all of the following EXCEPT

a. choriocarcinoma
b. congestive heart failure
c. detached retina
d. renal damage

____ 9. Management includes placing the woman on bed rest

a. for the duration of the pregnancy
b. in right lateral recumbent position
c. in left lateral recumbent position
d. with a low-sodium diet

____10. Magnesium sulfate is administered for the treatment of

a. abruptio placentae
b. preeclampsia
c. gestational proteinuria
d. cerebral edema

May be photocopied for student use.

____11. The criteria for repeating doses of magnesium sulfate are

a. deep tendon reflexes are not present, respirations are above 10 per minute, and urine output is at least 100 ml/6 hr
b. deep tendon reflexes are not present, respirations are above 12 per minute, and urine output is at least 85 ml/4 hr
c. deep tendon reflexes are present, respirations are above 12 per minute, and urine output is at least 100 ml/6 hr
d. deep tendon reflexes are present, respirations are above 10 per minute, and urine output is at least 85 mi/4 hr

____12. If a patient has severe eclampsia, the nurse should be prepared for

a. cesarean delivery
b. vaginal delivery
c. seizures
d. fetal mortality

____13. For a woman who will maintain bed rest at home, the nurse must

a. discuss the cost of intermittent nursing care
b. instruct the patient on the proper use of catheters
c. assist the woman in planning recreational activities and passive exercise programs
d. train the family in home care

____14. To counteract magnesium toxicity, the nurse should have available

a. calcium gluconate 10% IV
b. calcium gluconate 15% IV
c. calcium carbonate 10% IV
d. calcium carbonate 20% IV

May be photocopied for student use.

OBJECTIVE 22

Choose the word or phrase to complete statements about the signs and symptoms of mild and severe preeclampsia. Write the correct letter in the blank.

____ 1. With mild preeclampsia, you would expect to find a blood pressure increase of

a. 15 mm Hg systolic, and 10 mm Hg diastolic
b. 30 mm Hg systolic, and 15 mm Hg diastolic
c. 35 mm Hg systolic, and 10 mm Hg diastolic
d. 35 mm Hg systolic, and 20 mm Hg diastolic

____ 2. HG levels for the presence of mild preeclampsia would be

a. 140/90
b. 145/95
c. 150/100
d. 160/110

____ 3. In a patient with severe preeclampsia, you would expect a proteinuria level for 24-hr urine collection to show

a. 3 gm/l or more
b. 4 gm/l or more
c. 5 gm/l or more
d. 6 gm/l or more

____ 4. Weight gain with edema for severe preeclampsia in a one-week period is

a. .6 kg
b. .7 kg
c. .8 kg
d. .9 kg

____ 5. Weight gain for mild preeclampsia in a one-week period is

a. .6 kg
b. .7 kg
c. .8 kg
d. .9 kg

May be photocopied for student use.

_____ 6. Severe preeclampsia will include symptoms and signs of

a. fatigue, headache, dyspnea, blurred vision
b. cough, dyspnea, generalized edema, epigastric pain
c. oliguria, headache, blurred vision, epigastric pain
d. headache, cardiac insufficiency, blurred vision, oliguria

OBJECTIVE 23 **State safety nursing interventions for eclampsia seizures.**

OBJECTIVE 24 **Choose the word or phrase to complete statements about multiple pregnancy.** Write the correct letter in the blank.

_____ 1. Monozygotic twinning means having

a. 1 chorion, 2 amnions
b. 2 chorions, 2 amnions
c. a OR b
d. a AND b

May be photocopied for student use.

_____ 2. Dizygotic twinning means having

a. 1 chorion, 2 amnions
b. 2 chorions, 2 amnions
c. a OR b
d. a AND b

_____ 3. All of the following are signs and symptoms of multiple pregnancy EXCEPT

a. two fetal heart tones perceived simultaneously
b. polyhydramnios
c. abdominal palpation yields small parts in 8th month
d. uterus larger than expected for length of gestation

_____ 4. In helping the woman plan her diet, you would encourage her to include higher levels of protein, iron, and calcium. Depending on her activity and metabolism, she should increase her daily caloric intake by

a. 500 calories
b. 1200 calories
c. 300-1000 calories
d. 500-1400 calories

_____ 5. Women with multiple pregnancies are susceptible to a higher incidence of

a. hypertensive disorders and postpartum hemorrhage
b. hypertensive disorders and gestational diabetes
c. constipation and leukorrhea
d. hydatidiform mole and spontaneous abortion

_____ 6. A good exercise to recommend for backaches would be

a. flying exercise
b. stretching exercise
c. passive exercises
d. pelvic rocking exercises

_____ 7. To minimize the effects of increased abdominal pressure and help prevent varicosities, the woman should rest lying on

a. her left side
b. her right side
c. either side
d. her back

May be photocopied for student use.

____ 8. Digestion is going to be a problem for your patient who is pregnant with triplets. You suggest that she

a. eat often and eat small meals
b. take digestive enzymes
c. reduce her caloric intake
d. take gas-reducing medication

OBJECTIVE 25

Choose the word or phrase to complete statements about functional classification of patients with cardiac disease. Write the correct letter in the blank.

____ 1. The physiologic demands of pregnancy may be too strenuous for women in classes

a. 1-4
b. 1-2
c. 2-3
d. 3-4

OBJECTIVE 26

Choose the word or phrase to complete statements about cardiac diseases as related to pregnancy. Write the correct letter in the blank.

____ 1. Maternal mortality associated with heart disease is

a. 1-5%
b. 1-7%
c. 2-5%
d. 2-8%

____ 2. Most heart disease found in pregnant women is caused by

a. poor diet
b. smoking
c. congenital heart disease
d. lifestyle

May be photocopied for student use.

____ 3. The circulatory burden is significant because of increased cardiac output, oxygen consumption, and

a. respiration
b. blood volume
c. pulse rate
d. uterus size

____ 4. The pregnant woman with cardiac disease should avoid

a. the prone position, exercise, stress
b. infection, anemia, the prone position
c. infection, exertion, stress
d. stress and infection

____ 5. The MOST LIKELY effect for a woman showing signs of cardiac failure during pregnancy is that she will

a. be hospitalized until term
b. become hypertensive
c. not have a live birth
d. have the pregnancy terminated

OBJECTIVE 27

Choose the word or phrase to complete statements about disseminated intravascular coagulation (DIC). Write the correct letter in the blank.

____ 1. DIC is a/an

a. acquired hemorrhagic syndrome
b. congenital circulatory disorder
c. acquired autoimmune disorder
d. complication of hypertension

____ 2. The clotting factors and platelets are consumed

a. so slowly that the liver becomes clogged
b. and bleeding and thrombosis occur simultaneously
c. by intravascular contractions
d. and patient hemorrhages from all orifices

____ 3. Assessment for DIC would include

a. bleeding, acrocyanosis, dyspnea
b. renal failure, hyperventilation, high bp
c. hemoptysis, cardiac failure, bleeding
d. spontaneous abortion, hemoptysis, dyspnea

May be photocopied for student use.

_____ 4. Diagnostic tests include platelet count, clotting tests and

a. chest X-ray
b. fibrinogen level
c. non-stress test
d. gonadotrophin activity

_____ 5. The nurse would plan to assist with removal and treatment of the precipitating cause and provide

a. oxygen support, replacement therapy, supportive measures
b. glucose, oxygen support, replacement therapy
c. antibiotics, supportive measures, replacement therapy
d. antibiotics, diuretics, antihypertensives

_____ 6. Watching for organ hypoperfusion, you assess Marian's

a. skin and kidneys
b. lymph glands and skin
c. gums and teeth
d. sclera and lymph glands

NOTE: Objectives 28-33 are evaluated on job sheets/assignment sheets in this unit. If you have not competed these components, see your instructor.

May be photocopied for student use

OBJECTIVE 1

Part 1

1. m
2. i
3. h
4. c
5. k
6. e
7. a
8. b
9. n
10. j

Part 2

1. k
2. b
3. o
4. f
5. h
6. a
7. n
8. c
9. j

Part 3

1. l
2. h
3. i
4. d
5. j
6. a
7. p
8. n
9. k

Part 4

1. a
2. l
3. b
4. g
5. f
6. e
7. n
8. h
9. j
10. o

Part 5

1. i
2. g
3. o
4. e
5. k
6. a
7. j
8. f
9. m
10. l

Part 6

1. g
2. m
3. o
4. l
5. f
6. h
7. j
8. i

OBJECTIVE 2

Part 1

1. a
2. c
3. a
4. b
5. b
6. c
7. a
8. b
9. a
10. c

Part 2

1. b
2. c
3. a
4. d
5. a

OBJECTIVE 3

1.	c	6.	j	11.	d
2.	e	7.	f	12.	d
3.	l	8.	h		
4.	a	9.	f		
5.	g	10.	e		

OBJECTIVE 4

1.	c	5.	a
2.	b	6.	d
3.	c	7.	c
4.	b	8.	a

OBJECTIVE 5

1. - Health history
   - Physical examination
   - Pelvic examination
   - Pelvic measurements
   - Laboratory tests
   - Correcting existing problems
   - Preventing additional problems

2. Sudden or gradual increase in blood pressure
   Sudden excessive weight gain

3. Conjugate vera or true conjugate
   Ischial tuberosities

4. Answer must include any two of the following:
   - Manual measurements reveal a small pelvis
   - The patient has a history of difficult labors
   - Cephalopelvic disproportion is suspected
   - The presenting part is breech in term pregnancy

5. a. Hemoglobin: at least 12 gm Hematocrit: at least 35%

   b. Anemia

6. Syphilis

   Rh typing

7. For women with a history of diabetes or who have had LGA babies

8. On the first prenatal visit.

9. At least once each month until the 7th month; then every 2 weeks until the last month; then every week until the baby is born.

10. The mother is weighed.

    Her urine is examined for albumin and sugar .

    Her abdomen is palpated.

    Her blood pressure is taken.

    After they are audible, the fetal heart tones are auscultated.

OBJECTIVE 6

1. d
2. a
3. b
4. a
5. b
6. b
7. b
8. c
9. a
10. c
11. d
12. c
13. d
14. b
15. d

OBJECTIVE 7

1. d
2. b
3. b
4. b
5. a
6. a
7. c
8. c
9. a
10. b
11. d
12. d

OBJECTIVE 8

1.	c	6.	d
2.	c	7.	c
3.	a	8.	b
4.	b	9.	b
5.	d	10.	d

OBJECTIVE 9

1.	b	6.	d	11.	c
2.	c	7.	c	12.	a
3.	b	8.	c		
4.	c	9.	b		
5.	d	10.	c		

OBJECTIVE 10

1.	d	5.	b
2.	a	6.	b
3.	d	7.	a
4.	b	8.	b

OBJECTIVE 11

1.	c
2.	a
3.	c
4.	c
5.	b

OBJECTIVE 12

1.	a
2.	d
3.	a
4.	c
5.	b

OBJECTIVE 13 1, 3, 4, 8, 11, 12, 13, 16, 17, 18, 20

OBJECTIVE 14

1. a
2. d
3. c
4. d
5. c
6. b
7. b
8. a

OBJECTIVE 15

1. b
2. c
3. b
4. a
5. b

OBJECTIVE 16

1. c
2. b
3. c
4. a
5. b
6. b

OBJECTIVE 17

1. c
2. d
3. c
4. b
5. a
6. a
7. b
8. b

OBJECTIVE 18

1. b
2. a
3. d
4. c
5. b
6. a
7. c

OBJECTIVE 19

1. b
2. b
3. a
4. d
5. a
6. a

OBJECTIVE 20

1. c
2. d
3. a
4. c
5. b
6. c
7. c
8. a
9. a
10. c
11. d

OBJECTIVE 21

1. b
2. d
3. a
4. d
5. b
6. d
7. b
8. a
9. c
10. b
11. c
12. c
13. c
14. a

OBJECTIVE 22

1. b
2. d
3. c
4. d
5. b
6. c

OBJECTIVE 23

Answer must include all of the following:

- Raise padded side rails.
- Have a tongue blade available.
- Have emergency equipment ready for immediate use.
- Have emergency medications immediately available.
- Observe for indications of uterine contractions.
- Provide continuous observation and care.
- Position the woman to promote drainage of respiratory passages.

- Maintain clear airway.
- Monitor for pulmonary edema.
- Insert indwelling catheter to monitor output and renal status.

OBJECTIVE 24

1. c
2. b
3. c
4. c
5. a
6. d
7. c
8. a

OBJECTIVE 25

1. d

OBJECTIVE 26

1. a
2. c
3. b
4. c
5. a

OBJECTIVE 27

1. a
2. b
3. a
4. b
5. c
6. a

OBJECTIVE SHEET

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

INTRODUCTION

Throughout the process of labor and delivery, the nurse remains with the patient, monitors progress, and evaluates maternal and fetal progress. In many ways, nurses must work more closely with patients during labor and delivery than during any other period of patient care. Throughout this emotional time, the nurse will be called upon to deal with the patient and her family by giving instruction and emotional support; however, the focus of nursing care must be protecting the health of the mother and child. Fetal position, cardiac health, and many other variables affect the patient, the delivery, and the care which the nurse must provide. During labor and delivery, the nurse must be able to work closely and efficiently with patients, physicians, and other health care workers.

UNIT OBJECTIVE

After completing this unit, the student will be able to recognize the stages and physiology of labor and types of anesthetics used during delivery. The student should also be able to assess the situation and select appropriate nursing actions necessary to care for the patient in labor and delivery in a safe, appropriate manner. The student will demonstrate these competencies by completing the assignments sheets, job sheets, and written test with a minimum of 85% accuracy.

PREREQUISITES

Unit 1, *Care for the Prenatal Patient*

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with labor and delivery to their definitions.
2. Match stations of descent to their descriptions.
3. Choose the word or phrase to complete statements about common medications administered during labor.
4. Choose the word or phrase to complete statements about anesthesias administered during delivery.
5. Choose the word or phrase to complete statements about fetal monitoring terms.
6. Select from a list assessments that indicate fetal distress and possible nursing interventions.

7. Distinguish between characteristics of external and internal fetal monitors.

8. Choose the word or phrase to complete statements about inducing labor.

9. Choose the word or phrase to complete statements about charting terms for labor.

10. Choose the word or phrase to complete statements about charting terms for contractions.

11. List signs and symptoms of early labor.

12. Distinguish between signs of true and false labor.

13. Describe the four stages of labor.

14. Choose the word or phrase to complete statements about nursing responsibilities during the first stage of labor.

15. Choose the word or phrase to complete statements about nursing responsibilities during the second stage of labor.

16. Select from a list the nurse's responsibilities in the delivery room.

17. Choose the word or phrase to complete statements about nursing responsibilities for immediate care of the newborn in the delivery room.

18. List delivery room patient charting requirements.

19. Select from a list nursing responsibilities during the third stage of labor.

20. Choose the word or phrase to complete statements about nursing responsibilities during the fourth stage of labor.

21. Choose the word or phrase to complete statements about precipitate delivery.

22. Choose the word or phrase to complete statements about mechanical dystocia.

23. Choose the word or phrase to complete statements about functional dystocia.

24. Choose the word or phrase to complete statements about uterine rupture.

25. Choose the word or phrase to complete statements about prolapsed umbilical cords.

26. Choose the word or phrase to complete statements about persistent occiput posterior position.

27. Choose the word or phrase to complete statements about breech presentations.

28. Choose the word or phrase to complete statements about cephalopelvic disproportion.

29. Choose the word or phrase to complete statements about multiple pregnancy.

30. Choose the word or phrase to complete statements about episiotomies.

31. Choose the word or phrase to complete statements about forceps deliveries.

32. Choose the word or phrase to complete statements about vacuum extraction.

33. Choose the word or phrase to complete statements about cesarean delivery.

34. Choose the word or phrase to complete statements about labor and delivery for women with cardiac disease.

35. Evaluate a case study of a labor patient's condition. (Assignment Sheet 1)

36. Determine the Apgar Score. (Assignment Sheet 2)

37. Chart information regarding the fourth stage of labor. (Assignment Sheet 3)

38. Perform a perineal scrub. (Job Sheet 1)

39. Time uterine contractions. (Job Sheet 2)

40. Suction infant with syringe. (Job Sheet 3)

41. Perform fundal massage. (Job Sheet 4)

PREPARATION

- Review unit and plan presentation.
- Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.
- Review teaching suggestions and plan classroom activities.
- Determine how you will schedule time for students to demonstrate competence in the required procedures.
- Order materials to supplement unit.
- Make transparencies from Transparency Masters.
- Invite a guest speaker to discuss delivery and obstetrical nursing care. Other speakers you might want to invite include a representative of your local hospital birthing unit, an area midwife, and a local obstetrical nurse.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. You may want to supply the Objective Sheet, Information Sheet, and any other components you want them to cover. Confirm the scheduled appearance 2-3 days prior to the presentation.
- Obtain models and large pictures of phases of labor and delivery.
- Make a poster about labor and delivery.
- Make a bulletin board about labor and delivery.
- Devise games and/or crossword puzzles to reinforce terms or groupings.
- **HOSA** Integration
  - Assist students to conduct a chapter service project on labor and delivery.
  - Develop objectives for service project and identify a theme.

  - Create a poster according to Extemporaneous Health Display rules. Display in highly visible areas.
  - Plan community or school health project that involves disseminating pamphlets about proper care of patients in labor and delivery.

- This unit is developed to comply with the scope of practice for LPNs. Discuss alternative administrative practices and responsibilities that may vary with the location and type of agency.

DELIVERY

Objective 1: Match terms associated with labor and delivery to their definitions.

- The list of terms included in this objective is quite lengthy. Consider breaking this objective up into smaller review and test sessions.

- Have students discuss confusion and embarrassment they have experienced because they were unfamiliar with proper obstetrical terms.

- Have students discuss the ideas they had as children or the pet names they had for anatomical parts. Have them then discuss the misconceptions they have found in adults.

- Have students practice defining these terms to new parents. Have them pretend they have to define the terms to a teenage mother or to a concerned grandmother who doesn't understand all the "new fangled" techniques and methods.

Objective 2: Match stations of descent to their descriptions.

- Exhibit posters of the stations.

- Have students refer to prior texts and identify landmarks for determining stations. Anatomy texts will be of special help.

- Have students who have children discuss how they felt as the infants descended through the stations. Have them demonstrate how the descent affected how they sat and walked. Ask what other changes they noticed, especially how it affected their urination.

Objective 3: Choose the word or phrase to complete statements about common medications administered during labor.

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Objective 4: Choose the word or phrase to complete statements about anesthesias administered during delivery.

- Review medications and anesthesia methods discussed. Review their uses and effects.
- Have students look up the medications in the most recent PDR and discuss what they find.
- Have students discuss anesthesia and medications they received during labor and delivery. Have them compare the effects.
- Invite a local anesthesiologist to discuss medication and delivery.
- Review safety procedures for handling medicines.
- Provide guidelines for assisting with administration of continuous epidural anesthetic.

Objective 5: Choose the word or phrase to complete statements about fetal monitoring terms.

Objective 6: Select from a list assessments that indicate fetal distress and possible nursing interventions.

Objective 7: Distinguish between characteristics of external and internal fetal monitors.

- Show students fetal monitors and demonstrate their use.
- Find samples of fetal monitor tapes for students to "read."
- Have students discuss when they have been "hooked up" to fetal monitors and how they felt about it. Some students may say they were reassured, while others may complain the monitor made them nervous. Have students role play how they would deal with patients who dislike the monitor.
- New delivery centers welcome siblings and grandparents. As a result, nurses must face the challenge of explaining fetal monitors to people who are unfamiliar with them. Have students role play explaining the monitors to a variety of people.

- Similarly, nurses today will be faced with young people asking very pointed questions about labor and delivery. Have students role play explaining to a variety of young people what a manual examination reveals or what to expect when the baby is born.

- As a community service, have students present this information to teenage mothers who may not know what to expect.

- Have students list the things they wish someone would have told them.

- Have students role play how they would handle finding indications of fetal distress during an examination. Should the nurse report findings to the parents? Should the doctor be consulted first? How should this situation be handled?

- Provide guidelines for encouraging relaxation and giving emotional support to labor patients.

Objective 8: Choose the word or phrase to complete statements about inducing labor.

Objective 9: Choose the word or phrase to complete statements about charting terms for labor.

Objective 10: Choose the word or phrase to complete statements about charting terms for contractions.

- Have students practice charting terms.

- Discuss the importance of noting small details and how to determine what is important and what is not.

- Have students watch reruns of shows showing labor and delivery and chart what they see. Include footage of actual deliveries, but also include scenes from *Cosby*, *Murphy Brown* or other situation comedies.

- Have students try to remember their own labor and reconstruct their charts.

- Provide guidelines for labor patient assessment.

Objective 11: List signs and symptoms of early labor.

Objective 12: Distinguish between signs of true and false labor.

- Discuss labor.
- Have students discuss their bouts of false labor and how they felt. Ask if any had to go to the hospital with false labor.
- Have students contact health care professionals and ask how they describe the difference between true and false labor. Many try to find something tangible. One Ob-Gyn tells his patients that if it's real labor, their abdomen will look and feel "just like a basketball." If it doesn't get that tight, he tells them it's probably false labor.
- The first stage of labor is probably the most romanticized and the most boring. Have students discuss whether or not it was what they expected.

Objective 13: Describe the four stages of labor.

- Display posters of the stages of labor.
- Have students role play each stage of labor. Include serious reviews of events related to each stage, breathing techniques, etc., but also include acting out how they felt. Where were they when their water broke? Did they realize when transition occurred? Was engagement painful or a relief?
- Have students collect quotes about labor and delivery and attach them to the proper stage. For example, Carol Burnett described labor as taking your lower lip and pulling it up, over your head. She was, obviously, talking about the second stage of labor.
- Discuss the changing attitudes toward pregnancy and the different stages of labor. At one time, for example, the fourth stage was a major part of having a baby. Mothers were expected to spend up to two weeks in bed recovering. Today mothers can walk out of the recovery room and few are hospitalized more than 12-18 hours.

Objective 14: Choose the word or phrase to complete statements about nursing responsibilities during the first stage of labor.

- Have students discuss the care they received during the first stage of labor. Have them remember how nurses treated them and how they reacted.
- Provide students with supplemental information on procedures for providing nursing care during the first stage of labor.
- Provide students with guidelines for coaching the labor patient in breathing techniques.

Objective 15: Choose the word or phrase to complete statements about nursing responsibilities during the second stage of labor

Objective 16: Select from a list the nurse's responsibilities in the delivery room.

Objective 17: Choose the word or phrase to complete statements about nursing responsibilities for immediate care of the newborn in the delivery room.

Objective 18: List delivery room patient charting requirements.

- Have students try to list all the responsibilities of nurses during the second stage of labor. Have them include emergencies: the doctor doesn't make it, the machines break, every woman on the floor hits the stage at the same time, etc. Also have them include things that are educationally and/or emotionally supportive, such as helping dad with the camcorder, telling mom and dad that everything's okay, and helping mom bear down properly.
- Invite a nurse-midwife and/or labor room nurse to discuss this phase of labor and the demands it entails.
- Force students to consider how they would be able to handle the sadder situations. Have them discuss current events and issues related to childbirth and how the nursing profession is affected.
- Review films of live births and have students list everything they see the nurses do.

- Have students contact labor room nurses and ask them to list all the tasks they perform that are related to the second stage of labor.
- Provide students with supplemental information on delivery room documentation.

Objective 19: Select from a list nursing responsibilities during the third stage of labor.

Objective 20: Choose the word or phrase to complete statements about nursing responsibilities during the fourth stage of labor.

- Have students discuss their third and fourth stages. Most will have very little memory of the third stage. Have them compare the variety of experiences and memories and see what conclusions they can come to about changes in this area.
- Have students discuss how difficulties in delivery affect the third and fourth stages. Most notable will be the difference between vaginal and cesarean deliveries.
- Provide students with supplemental information on recovery room documentation.
- Create or find case studies and questions to give students practice analyzing maternal complications of labor and delivery.

Objective 21: Choose the word or phrase to complete statements about precipitate deliver.

Objective 22: Choose the word or phrase to complete statements about mechanical dystocia.

Objective 23: Choose the word or phrase to complete statements about functional dystocia.

Objective 24: Choose the word or phrase to complete statements about uterine rupture.

Objective 25: Choose the word or phrase to complete statements about prolapsed umbilical cords.

Objective 26: Choose the word or phrase to complete statements about persistent occiput posterior position.

Objective 27: Choose the word or phrase to complete statements about breech presentations.

Objective 28: Choose the word or phrase to complete statements about cephalopelvic disproportion.

- Have students who have experienced any of these conditions discuss how their labors and deliveries were affected, how they felt, and what nursing care they remember.

- Relate each condition to models or anatomy charts. Make sure they understand the mechanics of the problems.

- Discuss all related systems. How does the condition affect maternal and fetal circulation, respiration, etc.?

- Have students discuss how they feel about these pregnancies. Help students come to terms with these aspects of nursing care. Have them discuss helpful and unhelpful attitudes.

- Review signs of each condition. Discuss which are easy to assess, which are not, and why.

- Have students discuss the dangers associated with each condition.

- Have students discuss nursing techniques and attitudes that will help.

- Discuss the relationship between nurse and doctor in these cases. Review job limitations and responsibilities.

Objective 29: Choose the word or phrase to complete statements about multiple pregnancy.

- Have students discuss what problems they think of when you say "twins." Their answers will probably not really have anything to do with labor, but make them think backwards to birth.

- Have students discuss how multiple birth would affect the third and fourth stages of labor.

- Review basic genetics and the differences between fraternal and identical twins.

- Discuss the role of fertility drugs in multiple births. Discuss selective abortion.

Objective 30: Choose the word or phrase to complete statements about episiotomies.

- Present photographs of different episiotomies and tears.
- Review ways to comfort mothers and care for episiotomies.
- Discuss related problems such as hemorrhoids.
- Demonstrate how to use a sitz bath.

Objective 31: Choose the word or phrase to complete statements about forceps deliveries.

Objective 32: Choose the word or phrase to complete statements about vacuum extraction.

Objective 33: Choose the word or phrase to complete statements about cesarean delivery.

- Review indication for each procedure.
- Review care for patients who have undergone the procedures.
- Show films of each procedure, noting the role of nurses in each.
- Invite a physician to discuss how each is performed, changes in the procedure, and what he or she sees as the role of nursing in each procedure.
- Provide students with supplemental information on cesarean section documentation.

Objective 34: Choose the word or phrase to complete statements about labor and delivery for women with cardiac disease.

- Review effects of the condition on labor and delivery.
- Review the responsibilities of nurses when patients with this condition are being cared for.
- Review the mechanics of the woman's cardiac condition.
- Review the effect of the condition on the fetus.

APPLICATION

Objective 35: Evaluate a case study of a labor patient's condition.

- Review charting techniques.
- Have students discuss what each piece of education could indicate.
- Present a condition and ask student how the case study would be different if that condition existed in the patient.
- Have students complete Assignment Sheet 1.

Objective 36: Determine the Apgar Score.

- Invite a pediatrician to discuss Apgar scores and their meanings.
- Explain to students that Apgar scores are not necessarily an indication of permanent health. Children who have a rough delivery and low Apgar score can still grow to be healthy and strong.
- Have students complete Assignment Sheet 2.

Objective 37: Chart information regarding the fourth stage of labor.

- Have students complete Assignment Sheet 3.
- Have students compare charting a normal delivery, and more complicated deliveries.

Objective 38: Perform a perineal scrub.

Objective 39: Time uterine contractions.

Objective 40: Suction infant with syringe.

Objective 41: Perform fundal massage.

- Refer to and review the job sheets for perineal prep/shave and abdominal prep in *Nursing Skills and Principles* as required skills in preparing for vaginal and cesarean delivery.
- Demonstrate procedures.

- Have students perform tasks.

- Discuss handling these tasks emotionally. Discuss dealing with student fear and embarrassment, as well as possible embarrassment among new nurses.

- Review basic information about holding, wrapping, and handling newborns. Remind students that they are slippery.

EVALUATION

Pretest

- Give written test as pretest.

- Determine individual study requirements from pretest results.

- Counsel students individually on pretest results and study requirements.

- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities.

- Evaluate students on job sheet activities.

- Complete appropriate section of competency profiles.

- Reteach and reevaluate if necessary.

- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.

  NOTE: The written test may be given in sections if desired.

- Give the written test.

- Complete appropriate sections of competency profiles.

- Reteach and retest if necessary.

- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- The following filmstrips are available from Trainex Corporation, P.O. Box 116, Garden Grove, CA 92642.
  - *Disorders of the Female Reproductive System-Complications of Labor: Features of Labor*
  - *Labor*
  - *Labor and Delivery*
  - *Make Room for Dad*
  - *An Introduction to Prepared Childbirth*
  - *The Family Following Childbirth*
- The following videos are available from Medcom, Inc., P.O. Box 3225, Garden Grove, CA 92642; phone toll-free 1-800-854-2485
  - M086 *Labor and Delivery: The LDR.* 1988
  - M087 *Labor and Delivery: Augmentation.* 1988
  - M088 *Cesarean Delivery.* 1988

Print Media

- Cervical dilation chart. Available from Ross Laboratories, Educational Services Department 441, 625 Cleveland Avenue, Columbus, OH 43216

UNIT REFERENCES

- Bethea, Doris C. *Introductory Maternity Nursing* (5th ed.). J.B. Lippencott Company: Philadelphia, Pennsylvania, 1989.
- Hamilton, Persis Mary. *Basic Maternity Nursing* (6th ed.). The C. V. Mosby Company: St. Louis, 1989.
- Ingalls, A. Joy and M. Constance Salersio . *Maternal and Child Health Nursing Study Guide* (3rd ed.). The C.V. Mosby Company: St. Louis.
- Jensen, Margaret Duncan and Irene Bubak . *Maternity and Gynecologic Care: The Nurse and the Family* (3rd ed.). The C.V. Mosby Company: St. Louis.

- Test Plan for the National Council Licensure Examination for Practical Nurses. National Council of State Boards of Nursing, Inc., 1986.

OBJECTIVE 1

Match terms associated with labor and delivery to their definitions.

- **amniotic fluid** – transparent, almost colorless fluid contained in amnion; composed of albumin, urea, creatinine, water, and various salts

- **bloody show** – blood-tinged mucus discharged from vagina before or during labor

- **Braxton Hicks contractions** – mild, intermittent, painless uterine contractions that occur during pregnancy (commonly referred to as false contractions)

- **cephalopelvic disproportion** – condition in which the baby's head is too large for the mother's pelvis or the mother's pelvis is too small for the baby's head

- **cesarean delivery** – birth by an incision through the abdominal wall and uterus

- **crowning** – stage of delivery when the top of the fetal head can be seen at the vaginal orifice

- **delivery** – expulsion of a child from the uterus by the mother or its extraction by the obstetric practitioner

- **Duncan's mechanism** – placental expulsion in which the entire placenta separates from the uterus at about the same time and slides out with the decidual (dull) side showing

  NOTE: Duncan's mechanism occurs in approximately 20% of deliveries. See Schultze's mechanism below.

- **dystocia** – difficult labor caused by mechanical or functional factors or a combination of both

- **eclampsia** – severe pregnancy-induced-hypertension in which convulsions and/or coma occur

- **embryo** – product of conception from moment of fertilization to end of eighth week after fertilization

- **episiotomy** – an incision of the perineum during delivery

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- **fetus** – Developing body in utero from beginning of ninth week after fertilization until birth

- **first stage of labor** – period beginning with regular contractions until complete dilation of cervix

- **forceps** – two-bladed instrument with a handle for extracting the fetal head from the maternal passage

- **gestation** – period of intrauterine fetal development from conception through birth

- **gravida (Gr)** – woman who is pregnant; number of pregnancies of any duration

  EXAMPLE: Gravida II indicates a woman's second pregnancy.

- **induction of labor** – the deliberate initiation of uterine contraction prior to the spontaneous onset

- **labor** – series of processes by which the products of conception are expelled from the mother's body

- **lightening** – the descent of the fetus into the true pelvis

- **meconium** – pasty, greenish mass that collects in intestine of fetus, consisting of mucous, epithelial cells, bile, lanugo, and vernix caseosa

- **multipara** – woman who has borne more than one viable child

- **obstetrics** – branch of medicine concerning the care of women during pregnancy, labor, and postpartum

- **oxytocic** – drug that stimulates uterine contractions, thus accelerating childbirth and preventing post-delivery hemorrhage

  NOTE: Can also be used to increase the let-down reflex during lactation. Product names include Pitocin and Syntocinon.

- **oxytocin** – hormone produced by the posterior pituitary that stimulates uterine contractions and the release of milk in the mammary gland (Let-down reflex)

- **para** – refers to previous pregnancies that have reached period of viability

  EXAMPLE: Gravida III, para I indicates a third pregnancy and the birth of one viable infant.

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- **precipitate labor** – rapid or sudden labor of less than three (3) hours duration beginning from onset of cervical changes to completed birth
- **primipara** – woman who is having or has had one viable child
- **prolapsed cord** – protrusion of the umbilical cord in advance of the presenting part
- **Schultze's mechanism** – placental expulsion in which the entire placenta is expelled from the uterus with the shiny side of the amniotic surface first

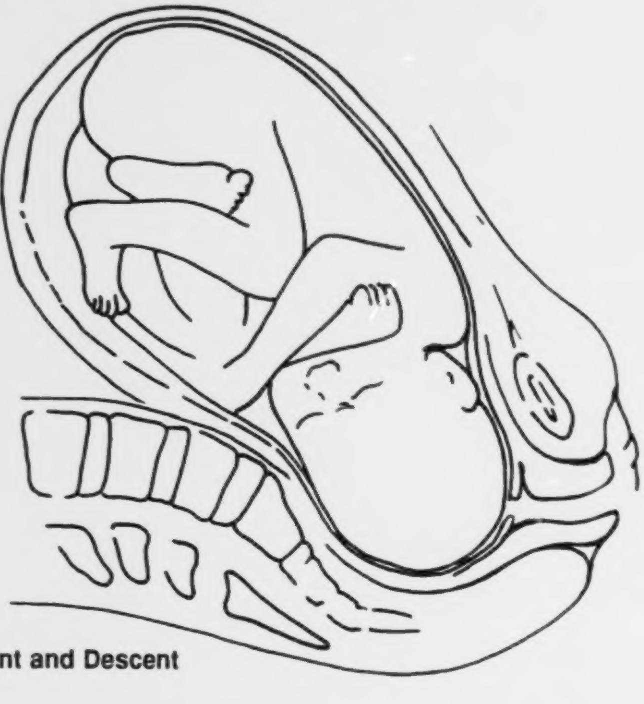
  NOTE: Schultze's mechanism occurs in approximately 80% of deliveries.

- **term** – time of expected delivery
- **vertex** – highest point of skull; the crown

OBJECTIVE 2

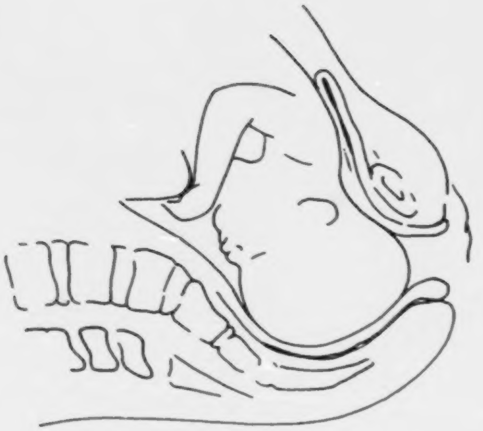
Match stations of descent to their descriptions.

- **engagement** – the point at which the fetal head passes the mother's ischial spines
- **descent** – progress of the presenting part through the pelvis

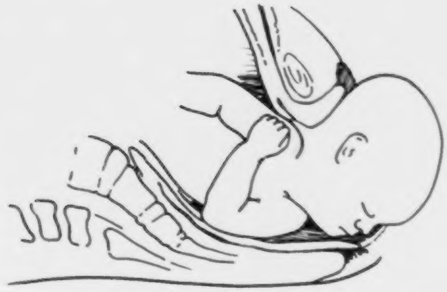


Engagement and Descent

- **flexion** – the point at which the fetus's chin lays against its chest
- **internal rotation** – the process in which the fetus turns from transverse position to the anterior position of the mother's pelvis, enabling its head to rest beneath the mother's symphysis pubis
- **extension** – the process in which contractions push the fetal head under the lower border of the symphysis pubis, resulting in the birth of the head, first the occiput, then the face, and finally the chin



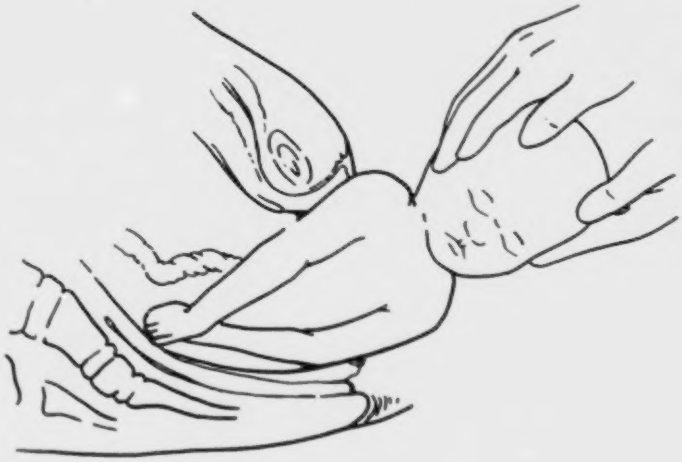
Beginning Extension



Complete Extension

- **external rotation** – the process in which the baby rotates from the anterior position back to the transverse position, resulting in the birth of the anterior shoulder, the posterior shoulder, then the full body

  NOTE: External rotation is normally considered the time of birth.



External Rotation

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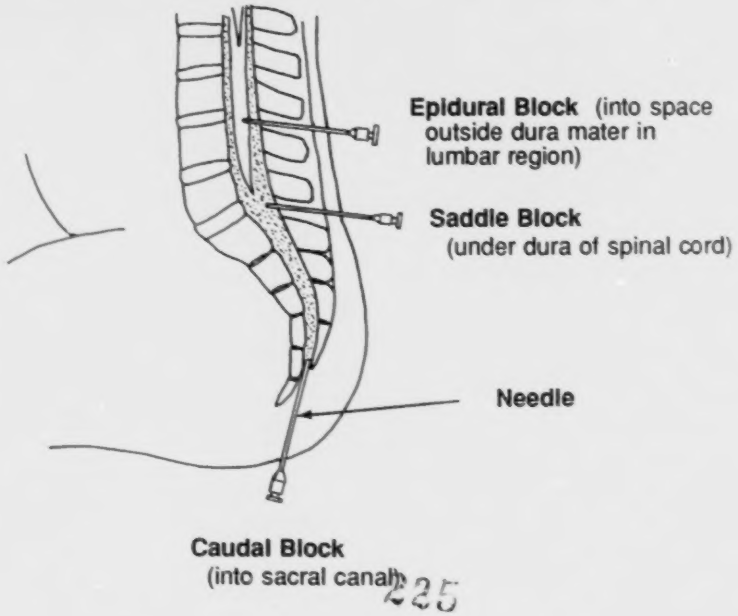
OBJECTIVE 3 **Choose the word or phrase to complete statements about common medications administered during labor.**

Drug Category	HYPNOTICS (Barbiturates) • Secobarbital (Seconal®) • Pentobarbitual (Nembutal®)	NARCOTICS • Meperidine (Demerol®) • Stadol	TRANQUILIZERS • Promethazine HCl (Phenergan®) • Hydroxyzine Pamoate (Vistaril®)
When Given	Early labor	After cervix is dilated 3-4 cm	Early labor
Effects	• Relieves tension • Produces sleep • Provides rest	• Reduces pain • Relaxes cervix	• Decreases anxiety • Relieves depression and apprehension • Antiemetic
Nursing Responsibilities	• Raise side rails • Place call signal within easy reach • Instruct patient to stay in bed • Watch for signs of dehydration • Watch for signs of restlessness or excitement	• Raise side rails • Instruct patient to stay in bed • Observe for effects of medication, i.e. mother's reaction to her labor • Watch progress of labor closely • Check FHT, respiration	Same as for narcotics

OBJECTIVE 4 **Choose the word or phrase to complete statements about anesthesias administered during delivery.**


Epidural Block (into space outside dura mater in lumbar region)
Saddle Block (under dura of spinal cord)
Needle
Caudal Block (into sacral canal)

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TYPES OF ANESTHESIA INCLUDE:

INHALATION

- Complete anesthesia
- No contractions felt
- Vomiting possible with aspiration of food or fluid into lungs
- Complete relaxation may lead to excessive uterine bleeding
- May depress respirations of mother and/or neonate

REGIONAL

Pudendal block

- Anesthetizes perineum, vulva and rectal area
- Contractions felt
- Assess for hematoma

Saddle block

- Anesthetizes pelvic region
- Contractions not felt
- Assess for hypotension, infection, allergic reaction, spinal headache, backache, voiding

Caudal

- Anesthetizes pelvic region
- Contractions not felt; may slow labor
- Assess for hypotension and infection

Paracervical block

- Relieves pain of uterine contractions (analgesia)
- Contractions may or may not be felt
- Given rarely due to side effect of fetal bradycardia

Epidural block

- Anesthetizes pelvic region (umbilicus to thighs)
- Contractions not felt; may slow labor
- Assess maternal BP and pulse every 15 min.; assess maternal bladder frequently; assess for orthostatic hypotension; assess for infection; assess FHR; assess for infection and allergic reaction; woman should not ambulate until motor control has returned.

Local

- Anesthetizes perineum
- Contractions felt
- Assess for perineal edema, trauma, and allergic reaction

OBJECTIVE 5

Choose the word or phrase to complete statements about fetal monitoring terms.

Electronic fetal monitoring provides the most precise information available regarding the well-being of the fetus during labor. The most significant aspect of this information is associated with fetal oxygenation.

The most common fetal monitoring terms are:

- **baseline** – The FHR recorded between contractions over a period of at least 10 minutes. The baseline FHR normally ranges between 120-160 beats per minute

- **baseline variability** – The variation in FHR during a baseline recording. Marked variability is a good indication of fetal well-being. Loss of variability or a smooth baseline is a sign of fetal distress. This loss could be due to central nervous depressants; i.e. drugs such as sedatives, narcotics, etc. or utero placenta insufficiency (UPI). Hypoxia is the most important cause of loss of baseline variability.

- **tachycardia** – A baseline FHR over 160 beats per minute. It can be due to maternal fever. Persistent tachycardia may be a sign of fetal distress, particularly if it is accompanied by a loss of baseline variability.

- **bradycardia** – A baseline FHR below 120 beats per minute. This is a rare condition and might be associated with congenital heart block in the fetus. Unless persistent, bradycardia is not generally considered to be a sign of fetal distress.

- **acceleration** – Short increases in FHR above the baseline. Accelerations are usually uniform in shape, begin at the same time as the contraction, and end when the contraction ends. They are often associated with breech presentation and are not a sign of fetal distress.

- **deceleration** – Short-term decreases in FHR below the baseline.

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NOTE: Early, late and variable deceleration are illustrated in Chapter 8 of the sixth edition of *Basic Maternity Nursing* by Persis Mary Hamilton, published by the C.V. Mosby Company.

- **early decelerations** are said to "mirror" the contraction. Onset and offset are gradual; decelerations start when the contraction starts and ends when it ends. They usually stay within a normal range, rarely falling below 110 beats per minute. Early decelerations are due to compression of the fetal head that result in stimulation of the parasympathetic nervous system. This type of deceleration is not a sign of fetal distress.

- **variable decelerations** are not uniform in shape; FHR might fall abruptly and return abruptly. The depth of the fall is also variable, sometimes going as low as 60 beats per minute. FHR returns to normal by the end of the contraction. This pattern is common late in labor, although it can occur at any time, even between contractions. It is due, in most instances, to compression of the umbilical cord and may or may not be a sign of fetal distress.

  This pattern is NOT considered a sign of fetal distress when the following criteria are met:

  - The heart rate does not stay down to 60 to 70 for more than 30 seconds.

  - It is not associated with a slow return to baseline.

  - It is not associated with a rising baseline heart rate.

  - It is not associated with a loss of variability.

- **late decelerations** are uniform in shape and have gradual onsets and returns. They begin at or after the peak of the contraction and return to baseline FHR after the contraction ends. The depth of the deceleration reflects the intensity of the contraction; the stronger the contraction, the slower the fetal heart rate. Late decelerations are due to fetal hypoxia caused by UPI (Uterine Placental Insufficiency) and are signs of fetal distress; however, late decelerations must persist for several contractions before a diagnosis of fetal distress is made. Late decelerations can be associated with decreased baseline variability and an elevated heart rate.

OBJECTIVE 6

Select from a list assessments that indicate fetal distress and possible nursing interventions.

A decrease in baseline variability with an increasing baseline FHR or variable decelerations with normal baseline variability accompanied by meconium-stained amniotic fluid are warning signs that the fetus may be starting to have difficulty. Some signs of fetal distress should be immediately reported to the doctor. These include:

- Persistent tachycardia (>160)
- Severe variable decelerations or late decelerations that persist in spite of position changes of mother
- Loss of baseline variability
- Meconium in the amniotic fluid in a vertex presentation
- Irregular fetal heart rate
- Fetal heart rate that slows below 100 beats per minute during a contraction and does not return to normal within 10 to 15 seconds after the contraction ends

Nursing Interventions Indicated Include:

- Changing the mother's position, preferably to her left side. Because the vena cava is on the right side, blood flow to the mother and to the uterus is best in this position. Variable decelerations are sometimes best corrected by positioning the mother on her back with the head of the bed elevated 30°.
- Decrease uterine activity by discontinuing the oxytocin infusion, if one is being administered.
- Administer oxygen to the mother. A glucose infusion is also helpful, but must be prescribed by the physician.
- Correct mother's hypotension. This can usually be accomplished quickly by positioning her on her left side and, if necessary, elevating her legs 30°.

OBJECTIVE 7

Distinguish between characteristics of external and internal fetal monitors.

External Monitoring

- It is noninvasive; internal examinations and insertion of equipment are not necessary.
- It can be used at any time; the cervix does not have to be dilated nor the membranes ruptured first.
- The transducers can be applied by the nurse; the physician does not have to be present.
- A permanent record of the FHR and contractions is made.
- Uterine activity cannot be measured.
- It does not record baseline FHR variability.
- Obesity, maternal and fetal movement, and fetal position, affect the quality of the recording.
- The straps or stockinette can be uncomfortable to the patient.

Internal Monitoring

- There are minimal artifacts (interferences in the recording).
- Baseline FHR variability is recorded.
- Uterine activity is measured.
- Recordings are not affected by obesity, maternal and fetal movement, or fetal position.
- Abnormal FHR recordings are more easily recognized.
- The membranes must be ruptured and the cervix must be dilated to 3 to 4 cm before monitoring can occur.
- There is a degree of risk of fetal and/or maternal infection.
- An improperly placed electrode or catheter could conceivably cause injury to fetus or mother.
- Although some hospitals permit RNs to apply the internal electrode and catheter, many consider it the function of the physician, thereby requiring a physician's presence for its use.

OBJECTIVE 8

Choose the word or phrase to complete statements about inducing labor.

Methods of inducing labor

- **amniotomy** – artificial rupture of the membranes, which causes the presenting part to exert greater pressure on the cervix, making contractions stronger

  NOTE: Artificial rupture of the membranes is often performed to augment labor already in progress. Since the membranes serves as a barrier against infection, delivery is usually accomplished soon after the membranes have been ruptured.

- **stripping the membranes** – separating the membranes from the lower uterine segment without rupturing the membranes. Stripping the membranes is usually done during a vaginal examination. The membranes and amniotic fluid act as a wedge to dilate the cervix.

- **administration of oxytocin** – intravenous induction of hormones used to initiate and sustain uterine contractions

  NOTE: When oxytocins are used, maternal and fetal vital signs and length, intensity, and frequency of contractions are monitored carefully.

Assessment/indications

- Maternal hypertensive disease
- Maternal diabetes
- Premature rupture of membranes
- Maternal renal disease
- Fetal postmaturity
- Erythroblastosis
- Placental insufficiency
- History of rapid labors

Prerequisites for successful induction

- The mother must be at or near term with a mature fetus.
- The cervix should be soft with a moderate amount of effacement and dilation.

- No cephalopelvic disproportion
- Fetal head fixed in inlet

Management and Nursing Interventions

- Rupture of membranes (amniotomy)
  - Procedure is explained to the mother; fetal heart tones are recorded (character and rate).
  - Vulva is cleaned.
  - Physician inserts Amniohook or special glove through the cervix to hook and rupture membranes.
  - Amount and quality of fluid (clear, bloody, meconium stained, etc.) are recorded.
  - Fetal heart tones are recorded to assess how the fetus tolerated the procedure.
- Stripping the membranes
- Administration of oxytocin

OBJECTIVE 9

Choose the word or phrase to complete statements about charting terms for labor.

- **amniotic membranes** – the type of amniotic membrane rupture, noted as SROM (leaking or spontaneous rupture) or AROM (artificial rupture)
- **dilation** – stretching of the external os from an opening a few centimeters to 10 centimeters
- **effacement** – thinning and shortening or obliteration of the cervix, noted as 50% to 100%
- **engagement** – the point at which the presenting part is level with the ischial spines
- **fetal heart tones (FHT)** – fetal heart activity as monitored continuously by the fetal monitor or fetoscope, normally 120-160 beats per minute. They are charted every 4 hours or as necessary. The location on the maternal pelvis in which heart tones were found can also be charted.
- **position** – the relation of an arbitrarily chosen fetal reference point to its location in the front, back, or sides of the maternal pelvis. Noted as ROA, Right Occiput Anterior, etc.

- **presentation** – the part of the fetus that is lowest in the mother's pelvis, noted as cephalic, breech, transverse, face, single footling

- **station** – relation of the presenting fetal part to an imaginary line drawn between the ischial spines of the pelvis. When the presenting part is level with the spines, the station is 0. If the part is above the spines, it is "high", and noted as -1, -2 (cm) etc. If the presenting part is below the ischial spines, it is "low" and noted with positive numbers, +1, +2, etc.

- **vaginal exams (VE)** – a manual examination of the vagina and cervix; performed every 4 hours or as necessary

  NOTE: Refer to job sheet on fetal monitoring.

OBJECTIVE 10

Choose the word or phrase to complete statements about charting terms for contractions.

Contractions are the tightening or shortening of uterine muscles that bring about the birth of the infant. They are intermittent and involuntary.

Contractions are assessed and charted as to:

- **frequency** – determined by timing from the beginning of one contraction to the beginning of the next. Noted as: 3 to 5 minutes

- **duration** – determined by timing the contraction from its beginning to its end. Noted as: 45 to 50 seconds

- **intensity** – determined by placing a hand on the mother's abdomen and feeling the firmness of the uterus during a contraction. Noted as: soft or firm

OBJECTIVE 11

List signs and symptoms of early labor.

- Lightening

  NOTE: Lightening may occur two to four weeks before term in primiparas; may not occur until onset of labor in multiparas.

- Bloody show

- Recurrent pains in back and/or abdomen

- Urinary frequency

- Rupture of membranes

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- Uterine contractions which gradually increase in frequency, intensity, and duration

- Diarrhea

Possible reasons for the onset of labor:

NOTE: The exact cause is unknown.

- Diminished placental function

- Distended uterus, causing pressure on nerve and muscle fibers

- Pressure causes stretching of cervix, which stimulates uterine contractions

- Decreased uterine blood flow and hormone production, causing irritation of the myometrium

OBJECTIVE 12 **Distinguish between signs of true and false labor.**

True Labor

- Contractions are regular and increase in strength, duration, and frequency.

- Is progressive and has a pattern

- Activity increases labor

- Effacement and dilation occur

- Evidence of bloody show

- Discomfort or pain radiating from back to front

- Medications will not stop labor

False Labor

- Contractions are irregular; no increase in frequency, duration, or strength.

- No pattern and no progression

- Activity produces no change

- Non-progressive dilation, some effacement

- No bloody show
- Discomfort centered in abdomen
- Will stop with medication

OBJECTIVE 13 **Describe the four stages of labor.**

- **first stage of labor** – period beginning with regular contractions until complete dilation of cervix

  NOTE: May also be described as dilation from 1-10 cm. The first stage can last from 8 to 24 hours.

- **second stage of labor** – period from complete dilation of cervix until birth of baby
- **third stage of labor** – period from birth of baby until birth of placenta
- **fourth stage of labor** – period from the completion of delivery of the placenta until the postpartum condition is stabilized

  NOTE: The fourth stage is marked by: recovery from anesthesia, if given; stabilization of maternal vital signs, bleeding, and fundal muscle tone; and occasional sudden severe chill due to sudden change in inter-abdominal pressure. In some agencies, the fourth stage is the work of the postpartum care team.

OBJECTIVE 14 **Choose the word or phrase to complete statements about nursing responsibilities during the first stage of labor.**

Assessment

Determine from patient or couple:

- Time contractions started
- Status of membranes
- Desired method of childbirth
- Support system

Observe for:

- Effacement
- Dilation
- Station
- Effective coaching

  NOTE: Assist with coaching if necessary; reinforce coaching as needed; but do not interfere if coaching is effective.

- Patient's tolerance of pain
- Increase in show; loss of amniotic fluid
- Onset of second stage of labor

Nursing responsibilities during the first stage of labor.

Plan	Implementation
• Monitor patient continually	• Record vital signs • Listen to FHT frequently • Attach electric fetal monitor, if available • Report abnormal findings
• Reduce anxiety	• Assure patient or couple that labor has begun • Explain labor and what to expect as labor progresses
• Promote comfort and normal function	• Give ice chips, if permitted • Provide lubricant for lips • Maintain comfortable temperature: adjust thermostat, provide or remove blankets • Offer cold, wet washcloth for face • Remind patient to empty bladder q. 2-3 hrs; catheterize if necessary • Position patient on her left side to reduce supine hypotension; explain why feelings of faintness occur
• Maintain fluid balance	• Monitor fluid I&O • Give oral fluids, if permitted • Administer IV fluids as ordered
• Monitor contractions and progress of labor	• Time and record frequency, duration, intensity of contractions • Examine patient periodically • Inform patient of progress • Inform physician of progress or lack of progress at appropriate times
• Manage pain	• Encourage patient to use proper breathing techniques during contractions and to relax and rest between contractions • Praise her for proper breathing and relaxation • Encourage her to tell you what makes her comfortable • Give analgesia as prescribed if patient wants it
• Prevent complications	• Cleanse perineal area as needed (between contractions) • Change underpad as needed • Examine patient
• Prepare for second stage of labor	• Explain cause of increased perineal pressure • Inform physician of progress • Praise patient for her progress • Use universal precautions • Document plan of care

OBJECTIVE 15

Choose the word or phrase to complete statements about nursing responsibilities during the second stage of labor.

Assessment

Observe for:

- Quality of pushing – effective or ineffective
- Degree of control the mother feels
- Signs of impending birth
  - Bulging perineum
  - Rupturing membranes
  - Presenting part is visible

Nursing responsibilities during the second stage of labor

Plan	Implementation
• Promote comfort	• Keep patient cool, if too warm • Encourage rest between contractions
• Reduce anxiety	• Explain rectal pressure and its causes • Provide reassurance and coaching as needed
• Continually monitor patient's condition	• Record FHT or FHR every 5 to 15 minutes; report FHR that does not return to normal after contraction • Monitor BP • Monitor pushing
• Develop a teaching plan	• Teach mother how to push; correct position for pushing; praise effective pushing; encourage relaxation and rest between contractions • Instruct coach in delivery procedure
• Prepare for delivery	• Supply coach with appropriate clothing • Transfer patient to delivery room • Position patient for delivery • Perform perineal prep • Prepare warm area for infant • Assist physician as needed
	• Use universal precautions
	• Document plan of care

OBJECTIVE 16 **Select from a list the nurse's responsibilities in the delivery room.**

- Placing the mother's legs in stirrups or proper position
- Cleaning the vulva with an antiseptic solution
- Having sterile supplies ready for the physician
- Helping the physician don sterile gown, mask, and gloves
- Continuing to monitor mother and fetus

- If a coach or partner is in the delivery room, instructing him/her on where to sit and how to help the mother

- Giving reassurance to the mother and her coach

- Keeping all information accurate (time of the birth of the baby, Apgar score, time of the placenta delivery, etc.)

- Receiving cord blood from physician for labeling

- Noting the parents' reaction to infant

- Providing immediate care of the newborn in the delivery room

OBJECTIVE 17

Choose the word or phrase to complete statements about nursing responsibilities for immediate care of the newborn in the delivery room.

The nurse provides continuous care during the neonate's initial adjustment to extrauterine life by doing the following:

- Maintaining a clear airway to facilitate respiration
  - Establishing respiration by using wipe or suction to remove mucus and secretions from infant's nose and mouth
  - Stimulating respiration as needed, administering oxygen as needed, or using further resuscitation measures as needed
  - Positioning the infant to prevent aspiration
- Preventing heat loss (cold stress) to conserve neonate's energy by drying, covering infant's head, and placing it under a warmer
- Providing a safe environment (e.g., to prevent infection)
- Providing proper identification
  - Footprinting the infant and index-fingerprinting the mother
  - Placing identifying bands on infant and mother while still in the delivery room
- Identifying any potential or actual problems that may require immediate medical intervention
- Encouraging bonding between the infant and parent(s)
- Maintaining accurate records

- Determining the Apgar score

  NOTE: See Assignment Sheet 3

- Providing prophylactic treatment for eyes

  NOTE: An antibiotic ophthalmic solution OR one percent silver nitrate may be used.

- Administering an injection of vitamin K to infant, if prescribed

  NOTE: Vitamin K is routinely prescribed for the newborn.

OBJECTIVE 18

List delivery room patient charting requirements.

One of the nurse's most important responsibilities is recording accurate information about the delivery. Information the nurse should chart includes:

- Time of birth
- Position of the baby
- Whether delivery was spontaneous or forceps were used
- Type of episiotomy

  Mediolateral, midline, etc.

- Sex of the baby
- Condition of the baby (Apgar score)
- Time of placenta delivery
- Whether placenta delivery is manual or spontaneous
- Estimated blood loss
- Whether or not there are any perineal lacerations and type

  1° = tear in the mucous membrane and skin only
  2° = tear includes the muscles of the perineal block
  3° = tear involves the circular anal sphincter muscle

- Type of anesthesia used

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OBJECTIVE 19

Select from a list nursing responsibilities during the third stage of labor.

During the third stage of labor, the placenta is delivered. During this stage, the nurse may be asked to perform the following tasks:

- Assist with IV oxytocin as ordered by the physician.
- Chart time of the expulsion of placenta.
- Chart whether Duncan or Schultze, delivered spontaneously or manually.
- Chart whether or not oxytocin was given.
- Chart type and condition of episiotomy (midline or lateral).
- Chart if there were any lacerations to the perineum and if so what type of repair the physician performed.

OBJECTIVE 20

Choose the word or phrase to complete statements about nursing responsibilities during the fourth stage of labor.

Assessment

Observe for:

- Status of fundus
- Status of flow
- Status of perineum and bladder
- Vital signs
- Parent's interaction with infant
- Mother's comfort level

Nursing responsibilities during the fourth stage of labor.

Plan	Implementation
• Promote comfort	• Wash perineum with warm water and dry thoroughly • Apply perineal pads from front to back - - *Avoid touching the side of the pad that goes next to the perineum* • Put clean, warm gown on patient • Put warm blanket on her • Anticipate mother's need for pain relief, fluids, nourishment, rest and sleep • Offer hot drink and nourishment • Provide period of undisturbed rest and sleep in a quiet environment • Offer bedpan or assist to bathroom periodically
• Manage pain	• Give analgesia as ordered if patient wants it
• Monitor patient	• Record height and tone of fundus • Record amount of flow, condition of perineum and vital signs every 15 min.
• Prevent complications	• Massage fundus gently if needed to expel clots and keep fundus firmly contracted • Report any abnormal findings or unusual discoloration or swelling of perineum
• Promote interaction between parents and infant	• Allow opportunity for parents to hold infant and for mother to breast feed if desired • Assist with feeding as needed • Arrange eye-to-eye contact between mother and infant • Do not interfere if interaction is occurring • Answer questions
	• Use universal precautions
	• Document plan of care

OBJECTIVE 21

Choose the word or phrase to complete statements about precipitate delivery.

Contributing factors

- Multiparity
- Large pelvis
- Lax and unresistant soft tissue
- Small baby in good position
- Induction of labor by rupture of membranes and oxytocin infusion

Management and Nursing Interventions

- Monitor fetal heart tones every 15 minutes to detect distress resulting from fetal hypoxia.
- Reduce anxiety by explaining what a precipitate delivery is and what is happening.
- Assist the mother in retaining a sense of control over what is happening to her.

  NOTE: Encourage the mother to use appropriate breathing techniques.
- Assist in administering anesthesia, if ordered, to decrease strength of contractions or prevent involuntary pushing during delivery.
- Following birth, evaluate infant carefully for signs of injury and inform nursery personnel of precipitate birth.
- Watch for hemorrhage because of cervical, vaginal, and perineal lacerations.
- Following the birth, have the mother hold her infant as soon as possible for reassurance that all is well.

OBJECTIVE 22

Choose the word or phrase to complete statements about mechanical dystocia.

Causes

- Maternal
  - Contracted pelvis
  - Obstructive tumors (ovarian or uterine fibromyomas)

- Fetal
  - Failure of the vertex to rotate, as in occiput posterior or occiput transverse
  - Malpresentation (shoulder, brow, face, or breech)
  - Malformation of the fetus (as in hydrocephalus) or excessive size of the infant

Assessment

- Evaluate fetal presentation, position, and size.
- Check for nonengagement of fetal head, which may indicate a contracted pelvis.
- Note any known uterine or fetal anomalies.
- X-ray pelvimetry is used for evaluation of CPD.
- Monitor maternal vital signs, contraction pattern, and fetal heart rate every 15 minutes if the woman is to undergo a trial labor.

Management and Nursing Interventions

- Occiput posterior position
  - Relieve back pain as much as possible by sacral pressure, back rubs, frequent change of position from side to side.
  - Observe the character and frequency of contractions and monitor fetal heart rate.
  - IV fluids can be used to prevent dehydration and provide glucose needed for effective contractions.
  - When cervix is completely dilated, fetal head may be rotated by physician.
  - Provide encouragement and reassurance to the mother throughout the labor.
- Breech presentation
  - Labor can be longer since the soft buttocks do not aid in cervical dilation as well as the head does.
  - Analgesia may be limited in order not to interfere with the mother's ability to push effectively.
  - Amniotomy is not performed until breech is well engaged because there is greater danger of a prolapsed cord with footling presentation or breech that does not fill the pelvic cavity.

  - More aid of forceps may be indicated.
  - Cesarean delivery is a better approach than difficult extractions.
- Anxiety-reducing measures
  - Keep the couple informed of the progress of labor and any changes in the plan of care.
  - Promote rest and comfort.
  - Periodically tell the woman how well she is coping and how labor is progressing.

OBJECTIVE 23

Choose the word or phrase to complete statements about functional dystocia.

Functional dystocia (Uterine Dysfunction of Inertia) is a condition in which uterine contractions deviate from normal. Contractions can be extremely forceful with a rapid and traumatic labor and precipitate delivery. More often, the contractions are ineffective.

Contributing factors

- Uterine anomalies
- Over-distention such as hydramnios or multiple pregnancy
- Chronic disease
- Cervical scar tissue from previous surgery
- Excessive analgesia or anesthetic given too early in labor

Assessment

- Contractions can differ in quality and synchronization of activity. Contractions can be strong but localized to one portion of the uterus or can begin in the lower abdomen and move upward rather than downward. The resultant decreased pressure on the cervix causes it to remain closed.
- Contractions can also be inadequate in intensity (hypotonic).
- Evaluate contraction quality and pattern.
- Monitor and evaluate progress of cervical dilation and descent and of rotation in birth canal.

Management and Nursing interventions

- **hypertonic uterine dysfunction** — Muscle of the uterus is in a state of greater than normal tension, so contractions are ineffective for accomplishing dilation. Contractions may be uncoordinated and involve only portions of the uterus.
  - Provide rest with aid of sedatives
  - Provide IV fluids to maintain hydration and electrolyte balance
  - Observe for normal contractions
- **hypotonic uterine dysfunction** — Contractions are inadequate (lack intensity); usually occurs in active phase of labor.
  - Pelvis is revaluated for size.
  - IV fluids are provided to maintain hydration and electrolyte balance.
  - Oxytocins are administered if the pelvic size is adequate and fetal position, presentation, and station are normal.
  - Amniotomy can be performed by physician to augment labor.

OBJECTIVE 24

Choose the word or phrase to complete statements about uterine rupture.

Uterine rupture is a spontaneous or traumatic rupture of the uterus.

Causes

- Rupture of the scar from a previous cesarean delivery or hysterotomy
- Prolonged or obstructed labor
- Forced delivery of fetus with abnormalities
- Application of forceps and extraction before cervix has completely dilated
- Injudicious use of oxytocin
- Excessive manual pressure applied to the fundus during delivery

Assessment

- Complete rupture
  - Sudden, sharp abdominal pain during contractions
  - Abdominal tenderness
  - Cessation of contractions
  - Bleeding into the abdominal cavity and sometimes into the vagina
  - Fetus easily palpated; cessation of fetal heart tones
  - Signs of shock
- Complete rupture — Develops over a few hours
  - Abdominal pain during contractions
  - Contractions continue, but cervix fails to dilate
  - Possible vaginal bleeding
  - Rising pulse rate and skin pallor
  - Loss of fetal heart tones

Management and Nursing Interventions

- Administer IV fluids and blood as directed by physician.
- Administer oxygen to the mother.
- Prepare the mother for emergency surgery.
- Monitor maternal and fetal vital signs until surgery begins.
- Uterus can be repaired if rupture is not extensive; if extensive, hysterectomy is necessary.
- Keep the mother informed about procedures being done. Answer her questions as positively and as realistically as possible.
- Fetal prognosis is very poor unless delivery can be accomplished immediately.
- Maternal prognosis is guarded, especially in uterine rupture.

OBJECTIVE 25

Choose the word or phrase to complete statements about prolapsed umbilical cords.

An umbilical cord can prolapse in front of or along the side of the fetal presenting part.

Causes

- Rupture of membranes when the presenting part is not engaged in the pelvis
- Shoulder or foot presentations
- Prematurity

  NOTE: The small fetus allows more space around the presenting part.

- Hydramnios

  NOTE: Causes a greater amount of fluid to be released with greater force when membranes rupture.

- Contracted pelvis
- Placenta previa

Assessment

- Cord can be seen protruding from vagina.
- Cord can be palpated in the vaginal canal or cervix.
- Fetal distress can occur as the cord is compressed between the presenting part and the bony pelvis.
- Fetal heart rate pattern can be irregular with periodic fetal bradycardia.

Management and Nursing Interventions

- Place woman in Trendelenburg position.
- Administer oxygen by mask.
- Place sterile gloved hand in vagina and push the infant's head upward to relieve compression of the cord.

⚠ **CAUTION:** NEVER push cord back into the uterus.

- Prepare for immediate vaginal delivery if cervix is completely dilated.

- In home situation, cover protruding cord with clean, wet dressing, elevate the mother's hips and transport to hospital immediately.
- Explain procedures and keep the mother informed of procedures being performed.

OBJECTIVE 26

Choose the word or phrase to complete statements about persistent occiput posterior position.

In 25% of vertex presentations, the baby's head is situated in the mother's pelvis in such a way that the occiput is toward the back of the pelvis instead of toward the front.

Assessment

- Labor is harder and longer.
- The mother experiences severe back pain.
- The occiput might rotate to the anterior part of the pelvis or it might remain in the posterior position.
- If it rotates, backache is relieved and delivery is accomplished.
- If it persists, delivery can be slow and difficult.

Management and Nursing Interventions

- The mother will need much encouragement to push in the second stage when she feels it is ineffective.
- Having the mother push while lying on her side will sometimes help the baby rotate into the anterior position.
- Backrubs are extremely effective for this patient.
- Administer analgesics as ordered.

OBJECTIVE 27

Choose the word or phrase to complete statements about breech presentations.

There are three kinds of breech presentations:

Footling breech — One foot or both feet present

Frank breech — Buttocks present and the legs are extended up over the abdomen and chest

Complete breech — Buttocks and feet present and the legs are flexed

Assessment

- Fetal heart tones are usually heard higher in the abdomen.
- There is greater danger of prolapsed cord when the membranes rupture.
- Amniotic fluid commonly contains meconium because of pressure exerted on the buttocks.
- Labor can be longer with breech presentations.

Management and Nursing Interventions

- Monitor fetal heart tones for prolapsed cord after membranes rupture. Nurses caring for patients with breech presentations, should be prepared for a prolapsed cord.
- Radiographs may be taken to determine the size of the infant's head.
- It may be necessary to prepare the mother for a cesarean delivery.
- Give reassurance to the parent(s) and other family members.

OBJECTIVE 28

Choose the word or phrase to complete statements about cephalopelvic disproportion.

Cephalopelvic disproportion (CPD) is a condition in which the baby's head is too large for the mother's pelvis or the mother's pelvis is too small for the baby's head.

Assessment

- Can be due to maternal diabetes.
- One or both large parents increase chances of cephalopelvic disproportion.
- It is more common in multiparity.
- A contracted pelvis is the most frequent cause of CPD.

Management and Nursing Interventions

- Mother can be given a trial labor if diagnosed as having a contracted pelvis.
- If no progress is made in labor, a cesarean delivery will probably be necessary.

OBJECTIVE 29

Choose the word or phrase to complete statements about multiple pregnancy.

A multiple pregnancy is one in which two or more embryos develop at one time.

Assessment

- Multiple pregnancy is suspected when the uterus is larger than usual for the period of gestation.
- Diagnosis can be confirmed by hearing two or more distinct fetal heart rates and by ultrasound.
- The mother must be observed closely for preeclampsia and premature birth.
- Uterine dysfunction during labor and postpartum hemorrhage are not unusual.
- Little analgesia is given to the woman in labor to prevent respiratory depression in the infants.

Management and Nursing Interventions

- Maintain IV given during labor.
- Administer analgesics as ordered.
- Reposition patient as often as possible. The mother will feel miserable because of the size of her abdomen.
- Oxytocins can be given intravenously to manage any bleeding that might occur.
- Prepare for the premature birth. A pediatrician should be available when the infants are born.
- Fetal heart tones must be monitored closely.
- Have enough personnel available in case of problems in delivery room.
- If infants run into distress, the mother can be scheduled for an emergency cesarean delivery.
- Reassure the parents by explaining the procedures.

OBJECTIVE 30

Choose the word or phrase to complete statements about episiotomies.

Use of episiotomies

- Substitutes a straight surgical incision for the laceration that might otherwise occur.

- Facilitates repair of vaginal and perineal damage and promotes healing.
- Spares the infant's head from prolonged pressure and pushing against the rigid perineum, which can result in brain damage.
- Shortens the second stage of labor.

Types of episiotomies

- Midline
  - An incision is made in the middle of the perineum and directed toward the rectum.
  - This method heals with few complications.
  - If a larger incision is needed during delivery, the episiotomy may extend into the anal sphincter.
- Mediolateral (left or right)
  - The incision is made laterally left or right in the perineum.
  - This method avoids the anal sphincter if enlargement is needed.
  - Women find it very uncomfortable during healing.

Management and Nursing Interventions

- Patient teaching
  - Explain reasons for the episiotomy.
  - Discuss methods to reduce discomfort and promote healing.
  - Explain that with good hygienic measures, healing should be complete in several weeks.
  - Inspect area daily for signs of infection.
- Pain and Discomfort Management
  - Apply an icepack after the procedure to reduce edema and promote comfort.
  - Encourage sitz baths to promote healing and comfort as ordered by physician.
  - Use local analgesic sprays to promote comfort as ordered by physician.

OBJECTIVE 31

Choose the word or phrase to complete statements about forceps deliveries.

Forceps are designed for extracting the fetal head. They are applied after the head has reached the perineal floor.

Conditions requiring forceps delivery

- Fetal conditions
  - Fetal distress
  - Cord prolapse
  - Excess pressure on the fetal head from arrested descent
  - Abruptio placentae
- Maternal conditions
  - Eclampsia
  - Heart disease
  - Maternal hemorrhage
  - Maternal exhaustion
  - Intrapartum infection
  - Failure to progress in the second stage of labor because of poor uterine contractions or rigid perineum

Prerequisites for application of forceps

- Pelvis should be adequate, with no disproportion.
- Fetal head must be engaged, preferably deeply engaged.
- Cervix must be completely dilated.
- Accurate diagnosis of position and station must be made.
- Membranes must be ruptured.
- Some form of anesthesia must be used.
- Rectum and bladder should be empty.

Management and Nursing Interventions

- Explain the need for forceps delivery.
- Keep the mother informed of procedure's progress.
- Focus on the positive outcome of the birth.

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- Assist the mother in relaxing between contractions, using abdominal muscles to push with a contraction when needed and avoid pushing when not needed.

- Have the mother empty her bladder.

- Monitor the mother for signs and symptoms of complications following forceps delivery.

  - Lacerations of vagina and cervix: excessive vaginal bleeding, decrease in blood pressure and increased pulse

  - Uterine rupture: signs and symptoms of massive hemorrhage

  - Injury to the bladder or rectum

- Examine the infant for complications following forceps delivery.

  - Facial paralysis

  - Injury to eyes or skull

  - Abrasions and bruises on the face

OBJECTIVE 32 **Choose the word or phrase to complete statements about vacuum extraction.**

Vacuum extraction applies suction to the fetal head, creating an artificial caput within the suction cup, thus allowing adequate traction for the delivery of the infant's head.

Uses

- Dysfunctional labor

- Fetal distress

- Maternal cardiopulmonary disease

- Hypertensive disorders of pregnancy

- Abruptio placentae

- Instances in which the thickness of forceps between the birth canal and presenting fetal head is to be avoided

Nursing Interventions

- Explain the procedure and the need for it to the mother.

- Help the mother relax during the application of suction to fetal scalp.

- Coach the mother to push with contractions, when needed.

- Following delivery, examine the infant for scalp lacerations, cephalhematoma, or intracranial hemorrhage.
- Examine the mother for cervical or vaginal lacerations.
- Explain to the mother that fetal caput will regress in a few days.

OBJECTIVE 33

Choose the word or phrase to complete statements about cesarean delivery.

Cesarean delivery is removal of the infant from the uterus through an incision made in the abdominal wall and in the uterus. This type of delivery is used in the following situations:

- Cephalopelvic disproportion
- Uterine dysfunction, inertia, inability of cervix to dilate
- Neoplasm obstructing birth canal or pelvis
- Previous uterine surgery (cesarean delivery, myomectomy, hysterotomy) or cervical surgery
- Complete or partial placenta previa
- Premature separation of the placenta
- Prolapse of the umbilical cord
- Fetal distress

Types of Cesarean Incisions

- **low segment** — incision made transversely in lower segment of uterus; it is the most preferable incision

  NOTE: Possible vaginal delivery with second child.

- **classic** — vertical incision is made directly into the wall of the body of the uterus
- **extraperitoneal** — the tissue around the bladder is dissected, providing access to lower uterine segment without entering into the peritoneal cavity
- **cesarean delivery and hysterectomy (Porro's Operation)** — cesarean delivery followed by removal of the uterus

Nursing Interventions

- Have the mother discuss her perception of why the cesarean delivery is needed and correct misinformation by providing further information.

- Allow the parent(s) to listen to the fetal heart sounds to reassure them of the fetus's well-being.

- Encourage the parent(s) to view cesarean delivery as an alternative delivery method in which many of the couple's original expectations about delivery can be fulfilled.

- Explain preoperative procedures as they are performed.
    - Shave abdomen and perineum.
    - Insert a retention urinary catheter.
    - Monitor fetal heart tones.
    - Monitor uterine contractions.
    - Examine results of routine laboratory studies.
    - Administer preoperative medication if ordered.
    - Initiate IV infusion.
    - Notify pediatrician and nursery staff of impending cesarean delivery.

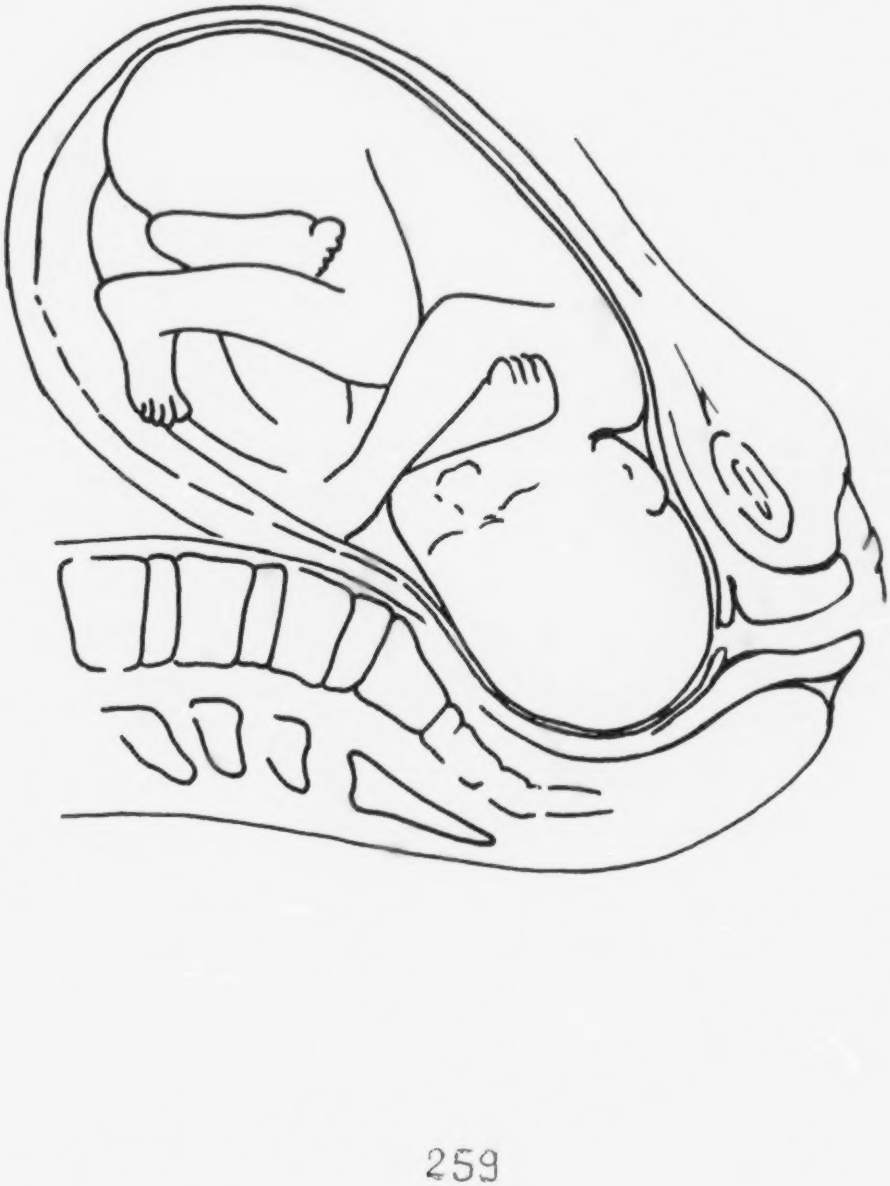
- Explain postoperative care and procedures.
    - Provide postoperative care similar to that following abdominal surgery.
    - Observe for hemorrhage.
    - Administer oxytocics as ordered.
    - Check fundus for firmness.
    - Continue IV fluids.
    - Check urinary output.
    - Check amount of lochia.
    - Provide medication for relief of pain.
    - Encourage mother to turn, cough, and breathe deeply.
    - As soon as possible, have the mother hold and care for infant to reassure her of her infant's well-being.

OBJECTIVE 34

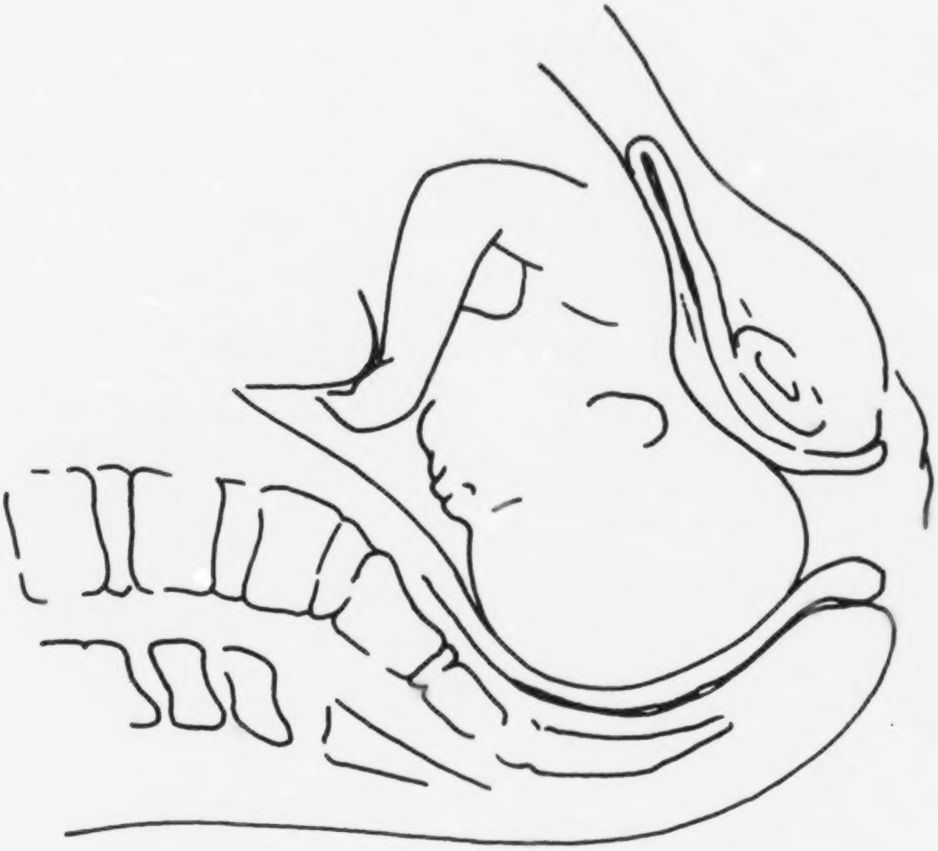
Choose the word or phrase to complete statements about labor and delivery for women with cardiac disease.

- During labor, cardiac output increases 20% - 30% during each uterine contraction; pulse rate, blood pressure, and left ventricular work also increase.
- Following delivery, fluid from interstitial spaces shifts to general circulation, increasing blood volume; elevated plasma volume continues for approximately 2 weeks.
- During labor and delivery
  - The woman labors upright, on side.
  - The woman's vital signs and fetal heart tones are monitored continuously.
  - The woman may receive oxygen during the course of labor.
  - Regional anesthesia may be used to reduce pain in labor and during delivery.
  - To avoid having the mother push, the infant may be delivered by forceps.
  - Cesarean delivery is avoided because of:
    - Greater loss of blood
    - Risk of infection
    - Risk of thromboembolism

Engagement and Descent



Beginning Extension



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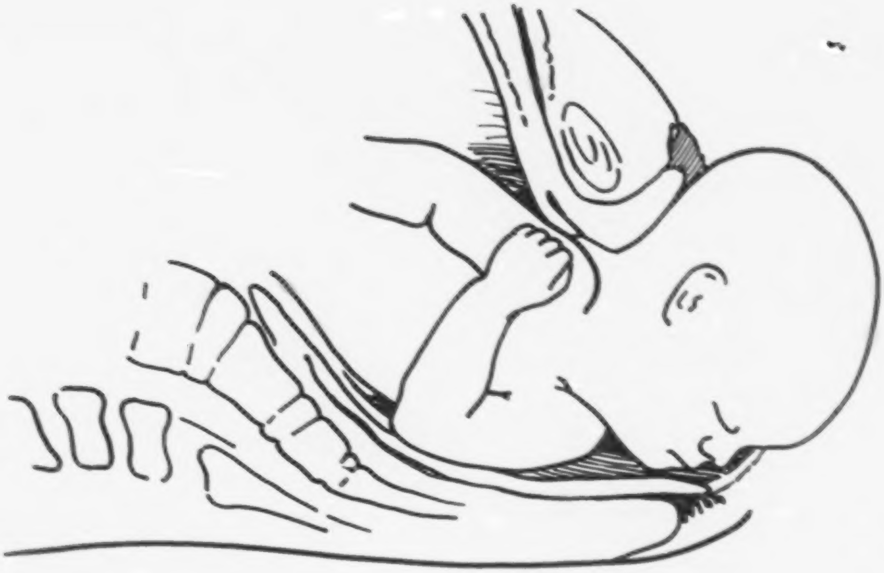
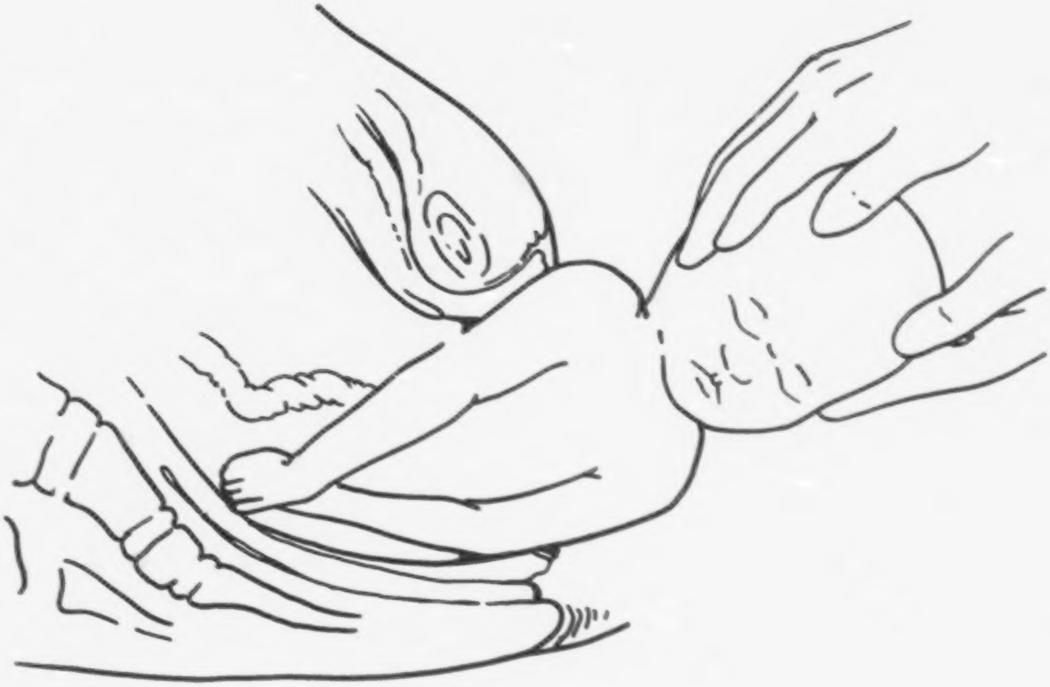
Complete Extension



External Rotation



ASSIGNMENT SHEET 1

Development of:
READING SKILLS
WRITING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Using content area vocabulary
  - Interpreting abbreviations/acronyms

  WRITING

  - Completing forms and records

  EMPLOYABILITY

  - Mastering a specific job task/procedure
- If students have difficulty gaining factual information:
  - Suggest they read carefully, noting key words and ideas.
  - Instruct them to list the questions they hope to answer.
- If students have difficulty interpreting forms and records:
  - Examine the structure of the forms being used.
  - Review the terminology on the form.
- If students have difficulty using content area vocabulary:
  - Stress the importance of learning medical terminology.

  - Have them review terms associated with labor and delivery.
  - Define or describe terms as you use them.
  - Have students list terms they are not sure of and look them up. Then pair these students with more skilled students and have them say the vocabulary words.

- If students have difficulty completing forms and records:
  - Examine the structure of the forms being used.
  - Stress the importance of accurate, legible records.
  - Have a completed assessment form available as an example.

- If students have difficulty mastering a specific job task/procedure:
  - Emphasize the fact that practice makes a person proficient and proficiency makes a person confident.
  - Suggest they study each component of the procedure to determine which area is causing difficulty.
  - Review the entire procedure.
  - Team them with proficient students or professionals to practice the procedure.

ASSIGNMENT SHEET 2

Development of:
READING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, mathematics, science and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting graphics & symbols

MATHEMATICS

- Calculating with whole numbers

SCIENCE

- Investigating/applying principles of human development
- Investigating health issues

EMPLOYABILITY

- Mastering a specific job task/procedure

- If students have difficulty interpreting graphics and symbols, review the structure of the chart.

- If students have difficulty calculating with whole numbers:
  - Review basic skills in addition, subtraction, multiplication, and division.
  - Review mathematical terminology.

    EXAMPLE: "Compare" is an indication that you must subtract.

- If students have difficulty investigating/applying principles of human development:
  - Discuss the importance of recognizing normal human development when assessing the health of a newborn.
  - Stress that knowledge of human development is essential in all areas of the nursing profession.

- If students have difficulty investigating/applying principles of anatomy/physiology:
  - Discuss the anatomical/physiological conditions listed on the Apgar chart.
  - Discuss the importance of the Apgar assessment in establishing a course of care for the baby.

- If students have difficulty investigating health issues:
  - Discuss the health issues that may affect the newborn.

- Discuss the reasons that newborns present unique problems.

  EXAMPLE: Inability to communicate
  Low weight
  Size and fragility of organs
  Body functions not established
  Lack of medical history

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1.

ASSIGNMENT SHEET 3

Development of:
READING SKILLS
WRITING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Using content area vocabulary

  WRITING

  - Completing forms and records

  EMPLOYABILITY

  - Mastering a specific job task/procedure

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1.

ASSIGNMENT SHEET 1

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

Name ______________________________ Score ________________

OBJECTIVE 35 **Evaluate a case study of a labor patient's condition.**

INTRODUCTION

It is important that the nurse be knowledgeable in asking the appropriate questions and assessing the correct information when caring for the labor patient.

Read the scenario. Respond to the questions following the scenario either in writing on a separate sheet of paper or orally in class. Your instructor will give you further instructions.

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Use content area vocabulary
- Interpret abbreviations/ acronyms

Functional Writing Skills
- Complete forms & records

Job Acquisition/ Development Skills
- Master specific job task/procedure

SCENARIO:

25-year-old Mrs. Hardy was admitted on April 4 at 0630 Mrs. Hardy said her contractions started at 0100 and at that time were 10 minutes apart and didn't really feel that bad, but since then they had become 7 minutes apart. She said she had a 5-year-old girl, but that she had miscarried her very first pregnancy. Mrs. Hardy said she was a little concerned because she was due one week ago. Mrs. Hardy planned to breast feed, as she had fed her other baby that way. She planned to have this baby naturally, but said that if she needed something for pain, hopefully, the nurses would understand and give her something. Mrs. Hardy told the nurse she was not allergic to any drugs and had eaten her last meal at about 1800 yesterday evening. Unfortunately, it had been very spicy food and she was feeling a little nauseated. She refused any medication at this time.

The nurse obtained a urine specimen and it showed negative for sugar and a trace for protein.

She took the V/S of Mrs. Hardy finding the B/P 140/90, pulse 80, respirations 20, and temperature 98.6. The nurse noted at this time swelling of Mrs. Hardy's ankles and hands. While the nurse was listening to the FHT with the fetoscope, Mrs. Hardy began to have a contraction. The nurse noted the contraction lasted 30 seconds and was mild in intensity. This contraction occurred at 0640. The FHT were 138 with the fetoscope. The nurse placed Mrs. Hardy on the external fetal monitor. The nurse performed a vaginal exam and found the fetus to be in vertex presentation at -1 station.

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Mrs. Hardy had dilated 3 cm and was 80% effaced with slight bloody show. The amniotic sac was intact, but bulging. Because of Mrs. Hardy having diarrhea the night before, an enema was not given. A mini prep was performed as ordered by the physician. Mrs. Hardy was made comfortable at this time and told to push her nurse-call button if she needed anything.

At 0800 Mrs. Hardy complained the contractions were getting stronger and were becoming uncomfortable. The FHT at this time were recording 130 to 146. The contractions were 3 minutes apart, lasting 60 seconds, and becoming stronger in intensity. The nurse performed another vaginal and exam found Mrs. Hardy to be at 0 station, dilated to 6 cm and 100% effaced. During the exam, Mrs. Hardy's membranes spontaneously ruptured. The nurse noted that the fluid was clear and that the FHT stayed between 130 and 148. The nurse also noted there was more bloody show than before. An IV of D5W was started in Mrs. Hardy's right wrist.

At 0900 Mrs. Hardy was becoming anxious, had an emesis of 200 cc of undigested food and was now asking for something for nausea and pain. The nurse tried using comfort measures but Mrs. Hardy insisted upon getting pain medication. The nurse checked Mrs. Hardy vaginally and found she continued to be at 6 cm and 0 station and continued to leak amniotic fluid. FHT were 146 to 150 per EFM. The nurse noted Mrs. Hardy could receive Demerol 50mg to 75mg and Vistaril 50mg to 100mg for pain and nausea. The nurse opted to give Mrs. Hardy Demerol 50 mg and Vistaril 75mg IM in the RUOQ for pain. Mrs. Hardy was given perineal care, repositioned, and made comfortable.

At 1000 nurse took Mrs. Hardy's V/S and the BP was 140/88, pulse 86, respirations 20, and temperature 99.2. Mrs. Hardy complained that she needed to void. She was placed on the bed pan but was unable to void. The nurse noted there was an order to straight catheterize PRN. Mrs. Hardy was straight cathed and 500 cc of clear urine was obtained. The urine tested negative for sugar and trace for protein. The nurse performed a vaginal exam after the catheterization and found Mrs. hardy to be dilated to 8 cm, at +1 station, and that the fetus was at LOA position. The FHTs continued to be 130 to 146 by external fetal monitor. Mrs. Hardy continued to leak clear amniotic fluid. She said the nausea had been relieved with medication and that she was able to rest between contractions.

At 1100 Mrs. Hardy was becoming quite anxious, shaking and trembling, and complaining that she needed to have a bowel movement. She was starting to push with her contractions. V/S were BP 142/90, pulse 88, respirations 20 and temperature 99.2. The nurse performed another vaginal exam and found Mrs. Hardy to be 10 cm and at +2 station. There was more bloody show, the contractions were 2 minutes apart and lasting 60 to 90 seconds, FHT were 130 with contraction. The physician was notified of Mrs. Hardy's condition.

Mrs. Hardy was moved to the delivery room at 1115.

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REVIEW QUESTIONS FOR CASE STUDY ON MRS. HARDY IN LABOR

1. Would you expect Mrs. Hardy's labor to be longer or shorter since it had been 5 years since her last pregnancy?

2. Would it have been important to know why Mrs. Hardy had aborted with her first pregnancy?

3. Should we be concerned that Mrs. hardy is one week overdue?

4. What concerns may Mrs. Hardy have in regard to not having her baby naturally?

5. Why is it important we know when Mrs. Hardy ate her last meal?

6. Should the nurse be concerned about Mrs. Hardy's urine specimen?

7. What about the swelling in her hands and ankles? Is this normal?

8. Why did the nurse listen to the FHT with the fetoscope first?

9. Why was Mrs. Hardy placed on the external fetal monitor rather than the internal fetal monitor when she was first admitted?

10. What does vertex presentation mean?

11. Why did Mrs. Hardy not receive an enema?

12. Why is a mini-prep done?

13. Why did Mrs. Hardy's temperature go up to 99.2^{o}?

14. What does 0 station mean?

15. What does 100% effaced mean?

16. Why were the FHT taken and color of the amniotic fluid noted when there was a SROM?

17. Why is there more bloody show as the labor increases? Is this normal?

18. Why was the IV started on Mrs. Hardy?

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19. Why did Mrs. Hardy have an emesis of undigested food since she had eaten the night before?

20. Why did the nurse opt to give Mrs. Hardy Demerol 50mg. and Vistaril 75mg. rather than Demerol 75mg. and Vistaril 50mg.?

21. Why was Mrs. Hardy unable to void?

22. Why was it important for her to void?

23. Why did the nurse check Mrs. Hardy's urine again after the catheterization?

24. What does the LOA position mean? Is this a good position for the fetus to be in?

25. What would we call that period Mrs. Hardy was in first before going to the delivery room?

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ASSIGNMENT SHEET 2

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

Name ______________________________ Score __________

OBJECTIVE 36 **Determine the Apgar Score.**

INTRODUCTION

The Apgar scoring system is a method of assessing the physical condition of a newborn. This assessment is performed in some hospitals at 60 seconds, 5 minutes and 10 minutes after birth and in others at 60 seconds and again at 2, 5, and 10 minutes after birth. The heart rate, respiratory effort, muscle tone, reflex irritability, and color of the baby are scored 0, 1, or 2, according to the degree to which they are present (See table below). The total score is the sum of the scores for each item; 10 is the highest score and 0 the lowest score possible. Usually the nurse assesses the baby's condition using the Apgar method, although in some instances the physician may do so.

APGAR SCORING CHART

Sign	0	1	2
Heart Rate	Absent	Slow (below 100)	Over 100
Respiratory effort	Absent	Slow, irregular	Good, crying
Muscle tone	Flaccid	Some flexion of extremities	Active motion
Reflex irritability			
1. Response to slap on sole of foot	No response	Grimace	Cry, withdrawal of foot
2. Response to catheter in nostril (tested after oropharynx is clear)	No response	Grimace	Cough or sneeze
Color	Blue, pale	Body pink, extremities blue	Completely pink

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DIRECTIONS Read the scenario and answer the following questions.

Baby Boy Johnson was born on April 18, 1989 at 2:00 p.m. In performing his Apgar at delivery, he was found to be pink except for his feet, which were bluish. He had a whimpering cry and his respirations were irregular and slower than normal. His apical heart rate was 120 at birth. His mother had received a shot of Demerol just before going into the delivery room, so he was rather flaccid at birth.

At 5 minutes, with a little oxygen and stimulation, Baby Boy Johnson's heart rate was at 140 beats per minute. He was crying loudly and had no difficulty in breathing. He was moving all extremities with his fists clenched tightly. His feet continued to be cyanotic in color.

1. What are the signs used for the Apgar scoring?

   a. ______________________________
   b. ______________________________
   c. ______________________________
   d. ______________________________
   e. ______________________________

2. At what time intervals are the scorings done most often?

   a. __________
   b. __________
   c. __________

3. What would Baby Boy Johnson's Apgar most likely be at 60 seconds (1 minute)?

4. What would his Apgar most likely be at 5 minutes?

5. Was the one minute Apgar normal?

6. How about the Apgar at 5 minutes?

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret graphics & symbols

Operation and Calculation Skills
- Calculate with whole numbers

Life Science Skills
- Investigate/apply principles of human development
- Investigate health issues

Job Acquisition/ Development Skills
- Master specific job task/procedure

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7. What made the one minute Apgar low?

8. How did it improve in 5 minutes?

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Name ______________________ Score __________

OBJECTIVE 37

Chart Information regarding the fourth stage of labor.

INTRODUCTION

Birth is a traumatic change to the body. For recovery to occur properly, the nurse must monitor and record the mother's vital signs, recovery progress, and other related information.

DIRECTIONS

Read the following case study and complete the Nurse's Notes form provided for admitting the patient into the recovery room.

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms & records
- Use content area vocabulary

Functional Writing Skills
- Complete forms & records

Job Acquisition/ Development Skills
- Master specific job task/procedure

CASE STUDY

Mrs. Jones was admitted into the recovery room at 0900 in good condition. Her epidural anesthetic had been started earlier in the labor room (at 0400). At this time, she was able to move her lower extremities with some degree of effort. Mrs. Jones had an IV of D5RL with 20 units of pitocin with a #18 Jelco intact in her left hand. A Foley catheter had been inserted while in the delivery room and was draining clear yellow urine. Her vital signs were blood pressure 118/72, pulse 60, respiration 18. Her fundus was at the umbilicus and firm; the lochia was moderate with no clots. Although Mrs. Jones was trembling, she stated she was not cold, and could not stop shaking. She requested a cold soft drink, complaining she was thirsty from all her work she had done. She stated that she couldn't wait to see her baby and asked if the nurse would be bringing him in soon.

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NURSES NOTES

Admitted to Recovery Room ______________________________

Condition on arrival ______________________________

____

Anesthesia ________________

Jelco/Butterfly gauge ______________________________

IV Site ______________________________

IV/Medication ______________________________

TIME	V/S	FUNDUS	LOCHIA	REMARKS

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ASSIGNMENT SHEET 1

1. We would presume her labor would be shorter but since it has been five years ago and since we don't know how long her last labor was, it is hard to predict at this time.

2. Yes, it would have in case there should be something unusual for us to look for during this pregnancy.

3. No, the due date can be two weeks early or two weeks late.

4. She may be frightened of the anesthetics, she may feel less a woman if not natural, she may feel the anesthetics will harm the baby.

5. Because peristalsis stops when labor begins.

6. Yes, she did have a trace of protein in her urine so she should be watched for early signs of pre-eclampsia.

7. Swelling in the ankles is not all that unusual due to seepage of fluid through the walls of the distended veins of the legs. The swelling of the hands may be due to sodium retention or again early signs of pre-eclampsia.

8. It is more reliable to listen with your own ears. Machines are not infallible.

9. Her membranes had not ruptured.

10. Head first also known as cephalic presentation.

11. Because of the diarrhea the night before.

12. Because hair can contaminate the area where the episiotomy will be done.

13. She may have started to become dehydrated.

14. The fetus' head is at the ischial spines.

15. The cervix has completely thinned.

16. When the membranes rupture there may be the complication of a prolapsed cord. The color of the fluid is important in that if it is meconium stained, then the fetus may be in distress.

17. Capillaries begin to rupture as the cervix dilates causing more show. It would be abnormal if there was frank bleeding or large clots passed.

18. Mrs. Hardy has been able to take only small amounts of fluids and because of the nausea and vomiting, runs a chance developing dehydration. The IV will help with hydration and also a vein is open for IV medications.

19. Because peristalsis stops with labor.

20. Because Visteril enhances the Demerol and the Vistaril will also alleviate the nausea and vomiting.

21. The fetus was low in the pelvis.

22. A full bladder can prevent the descent of the baby and interfere with uterine contractions.

23. Because of the spilling of protein with the first urine specimen.

24. Left Occiput Anterior. This is a good position for the delivery of the fetus.

25. The Transitional Period.

ASSIGNMENT SHEET 2

1. a. heart rate

   b. respiratory effort

   c. muscle tone

   d. reflex irritability

   e. color

2. a. 60 seconds or 1 minute

   b. 5 minutes

   c. 10 minutes

3. 5

4. 9

5. No

6. Yes

7. Respiratory effort was slow and irregular; muscle tone was flaccid due to demerol; reflex irritability was whimpering; color was pink except for blue feet

8. Heart rate increase to 140; respiratory rate had improved, he was crying and breathing well; muscle tone was good, he was moving all extremities; reflex irritability was that he was crying well; color was pink, but continued to have cyanotic feet.

ASSIGNMENT SHEET 3

Admitted to Recovery Room 0900

Condition on arrival: Good condition.

Anesthesia: epidural

Jelco/Butterfly gauge: #18 Jelco

IV Site: left hand

IV/Medication: D5RL w/ 20 units Pitocin

TIME	V/S	FUNDUS	LOCHIA	REMARKS
0900	BP $^{118}/_{72}$ P 60 R 18	F @ ᴗ	mod s̄clots	all OK

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JOB SHEET 1

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  ORAL COMMUNICATION

  - Giving/following oral directions
  - Communicating with clients/customers

  INTERPERSONAL OR RELATING

  - Interacting with clients/customers/patients
  - Obtaining confidence of others

  EMPLOYABILITY

  - Mastering a specific job task/procedure
  - Practicing good work habits/attitudes
  - Dealing effectively with customers/clients

- If students have difficulty following written instructions:
  - Discuss the possible consequences of not following instructions precisely.
  - Have them read the instructions several times, noting the key words and ideas.
- If students have difficulty giving\following oral directions:
  - Review the procedure.
  - Remind them to arrange the directions in a logical order.
  - Practice or role play giving directions orally.
- If students have difficulty communicating with clients/customers:
  - Suggest they role play customer communication scenes, focusing on the customer's expectations and perspective.
  - Discuss the importance of courtesy and how it affects nurse/patient communication.
- If students have difficulty interacting with clients/customers/patients:
  - Have them identify their responsibilities as an employee and discuss how their actions meet those responsibilities.
  - Suggest phrases they can use regularly and have them practice the phrases, noting volume, grammar, and intonation.
  - Discuss the importance of body language and posture.
  - Suggest to students that, when dealing with a patient, they concentrate on the customer rather than working on other tasks.
- If students have difficulty obtaining confidence of others:
  - Suggest they review communication and interpersonal or relating skills.
  - Suggest they review their role in the procedure.
  - Discuss the impact a positive attitude will have on the patient.

  - Discuss with a trusted professional the reasons that are contributing to the lack of confidence.

- If students have difficulty practicing good work habits\attitudes:
  - Encourage them to become familiar with the entire procedure before they begin the work.
  - Discuss the role that good work habits/attitudes have in obtaining and retaining employment.
  - Discuss what good work habits are. Make sure the students understand what is expected of them.
  - Ask them to analyze each component of the job to determine which area or skill is causing the difficulty.

- If students have difficulty dealing effectively with customers/clients:
  - Discuss the importance of effective communication skills.
  - Review active listening skills and other communication techniques.
  - Discuss customer relations policies.

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1.

JOB
SHEET 2

Development of:
READING SKILLS
WRITING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, mathematics, science, oral communication, interpersonal or relating, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

READING

- Gaining factual information
- Interpreting records and forms
- Following written instructions

WRITING

- Stating ideas clearly
- Completing forms and records

MATHEMATICS

- Calculating with whole numbers
- Collecting/recording data

SCIENCE

- Investigating/applying principles of human development
- Investigating health issues

ORAL COMMUNICATION

- Giving/following oral directions
- Communicating with clients/customers

INTERPERSONAL OR RELATING

- Interacting with clients/customers/patients
- Obtaining confidence of others
- Developing esteem in self/others

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- If students have difficulty stating ideas clearly:
  - Suggest they have their thoughts organized before they begin writing.

  - Review the information, noting the key words and ideas.
  - Discuss the importance of stating the ideas clearly.
- If students have difficulty collecting and recording data:
  - Stress the importance of accuracy in recording data.
  - Discuss the structure of the forms being used.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

JOB SHEET 3

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records

  WRITING

  - Completing forms and records

  SCIENCE

  - Investigating/applying principles of human development
  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  INTERPERSONAL OR RELATING

  - Analyzing/applying non-verbal communication

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- If students have difficulty investigating/applying principles of anatomy/physiology:
  - Review the relevant units of the text.
  - Discuss the importance of this skill to being a professional nurse.
- If students have difficulty analyzing/applying non-verbal communication:
  - Discuss some ways in which patients reveal information non-verbally.

    EXAMPLES:

Facial expressions	Tone of voice
Movements	Body Position
Mannerisms	

  - Discuss some ways in which the students can convey information non-verbally.
  - Discuss ways that a newborn conveys information.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

JOB SHEET 4

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

READING

- Gaining factual information

- Interpreting forms and records
- Using content area vocabulary

WRITING

- Completing forms and records

SCIENCE

- Investigating/applying principles of human development
- Investigating/applying principles of anatomy/physiology
- Investigating health issues

ORAL COMMUNICATION

- Communicating with clients/customers

INTERPERSONAL OR RELATING

- Interacting with clients/customers/patients
- Obtaining confidence of others
- Developing esteem in self/others

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- If students have difficulty developing esteem in self/others:
  - Discuss the importance of self-esteem in any area of life.
  - Review communication and interpersonal or relating skills.
  - Emphasize the fact that practice brings proficiency and proficiency brings confidence.
  - Remind the student to treat the patient with dignity.

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2, and Job Sheets 1 and 3.

JOB
SHEET 1

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

OBJECTIVE 38 **Perform a perineal scrub.**

INTRODUCTION

During delivery, an antiseptic environment is needed to protect both the mother and the child. An important part of this safe environment is the perineal scrub.

EQUIPMENT AND SUPPLIES

- Antiseptic solution
- Sterile gloves
- Sterile pan for solution
- Sterile gauze squares

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition, chart any changes.	_____	_____
Planning		
1. Reassure patient and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____
Implementation		
1. Collect equipment.	_____	_____
2. Wash your hands.	_____	_____
3. Position the patient in stirrups for delivery.	_____	_____
4. Cleanse the abdomen first with antiseptic solution and gauze squares.	_____	_____
5. Clean each thigh.	_____	_____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms & records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

General Relating Skills
- Interact with clients/customers/patients

Leadership/Influencing Skills
- Obtain confidence of others

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
6. Cleanse each side of the vulva.	_____	_____
7. Cleanse the center of the vulva.	_____	_____
8. Discard each gauze after each step and get a new square.	_____	_____
9. Finish cleansing by pouring the rest of the sterile solution over the vulva.	_____	_____
Evaluation Evaluate the procedure's success.	_____	_____
Documentation Record any pertinent observations according to the facility's policy.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Maintained sterility	4	3	2	1
Used materials correctly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

(Date) (Evaluator's Signature)

(Evaluator's Position)

JOB SHEET 2

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

OBJECTIVE 39 **Time uterine contractions.**

INTRODUCTION

Intensity, frequency, and duration of contractions must be monitored with nurse's hand on patient's abdomen. All characteristics of contractions must be recorded on patient's chart.

EQUIPMENT AND SUPPLIES

- Patient's chart
- Stool or chair
- Stopwatch
- Pad of paper
- Pen

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	____	____
2. Identify patient.	____	____
3. Observe patient's condition, chart any changes.	____	____
Planning		
1. Reassure patient and explain procedure.	____	____
2. Prepare for procedure.	____	____
Implementation		
1. Collect equipment.	____	____
2. Wash your hands.	____	____
3. Provide privacy.	____	____
4. Sit on stool or chair at bedside.	____	____
5. Place hand lightly on fundus just above the umbilicus.	____	____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms & records
- Follow written instructions

Language Skills
- State ideas clearly

Functional Writing Skills
- Complete forms & records

Operation and Calculation Skills
- Calculate with whole numbers

Data Analysis and Display Skills
- Collect/record data

Life Science Skills
- Investigate/apply principles of human development
- Investigate health issues

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

General Relating Skills
- Interact with clients/customers/ patients

Leadership/ Influencing Skills
- Obtain confidence of others
- Develop esteem in self/others

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

Yes No

NOTE: The muscular contractions are strongest in the fundus.

6. Note the time when uterus becomes firm and pushes up against your hand. _____ _____

7. Note how long the fundus stays firm. _____ _____

8. Note the time when the uterus becomes firm again. _____ _____

NOTE: From beginning of one contraction to beginning of the next determines frequency.

9. Continue checking contractions, noting duration of contractions and relaxation periods between. _____ _____

10. Record contractions. _____ _____

EXAMPLE: "Contraction q 6 minutes for 35 seconds, mild in intensity" or "Contractions becoming harder, q 4 minutes for 45 seconds."

Evaluation
Evaluate the procedure's success. _____ _____

Documentation

Record any pertinent observations according to the facility's policy. _____ _____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Applied principles correctly	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** — Can perform job with no additional training
3 **Moderately Skilled** — Has performed job during training program; limited additional training may be required
2 **Limited Skill** — Has performed job during training program; additional training is required to develop skill
1 **Unskilled** — Is familiar with process, but is unable to perform job

____
(Date)

____
(Evaluator's Signature)

____
(Evaluator's Position)

JOB SHEET 3

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

OBJECTIVE 40

Suction infant with syringe.

INTRODUCTION

When the baby is born, the mother still provides oxygen for it through the placenta. However, the baby will instinctively try to breathe. The mouth, nose, and nasal passages are blocked with fluids which must be removed for breathing to occur.

EQUIPMENT AND SUPPLIES

- Small bulb syringe (ear syringe)
- Nasal tissue paper
- Gloves

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	____	____
2. Identify patient.	____	____
3. Observe patient's condition, chart any changes.	____	____
Planning		
1. Reassure mother and explain procedure.	____	____
2. Prepare for procedure.	____	____
Implementation		
1. Collect equipment.	____	____
2. Wash your hands.	____	____
3. Put on gloves.	____	____
4. Wrap the infant in a warm blanket.	____	____
5. Either swaddle the infant or hold it "football" fashion for stability.	____	____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Identify/classify living organisms
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

General Relating Skills
- Analyze/apply non-verbal communication

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
6. Compress the bulb before inserting the syringe tip in the infant's mouth.	____	____
7. Insert the syringe tip into the mouth and release the bulb to aspirate.	____	____
8. Remove the syringe and compress the bulb, expressing contents into basin or tissue.	____	____
9. Repeat steps 6 through 8 until the tract is clear.	____	____
10. Rinse the syringe after use.	____	____
11. Carefully suction the nostrils, placing the tip just at each opening.	____	____
12. Place the infant on his or her side.	____	____
Evaluation Evaluate the procedure's success as you would for an adult.	____	____
Documentation Record any pertinent observations according to the facility's policy.	____	____

NOTE: It is difficult to clean the inner surfaces of a bulb syringe adequately. Resterilized bulb syringes should not be used. Follow the policy of your facility.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Used tools properly	4	3	2	1
Handled infant quickly and reassuringly	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training

3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required

2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill

1 **Unskilled** – Is familiar with process, but is unable to perform job

(Date)

(Evaluator's Signature)

(Evaluator's Position)

JOB SHEET 4 — CARE FOR THE PATIENT IN LABOR AND DELIVERY

OBJECTIVE 41

Perform fundal massage.

INTRODUCTION

The uterus should remain firm or become firm quickly with gentle massage. It should involute at the rate 1 cm or finger-breadth per day. If the uterus is boggy on palpation, a gentle massage should be initiated to stimulate uterine contractions. The fundus is usually even with or one or two finger-breadths above the umbilicus right after delivery. It may be one or two finger-breadths above the umbilicus if the uterus has been over-distended with a very large baby, twins, or hydramnios. A full bladder can cause the uterus to relax and to rise two or more finger-breadths above the umbilicus. When the bladder is full, the uterus may be displaced to one side instead of being centrally located.

EQUIPMENT AND SUPPLIES

- Bed saver
- Peri pad
- Pericare equipment
- Gloves

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition, chart any changes.	_____	_____
Planning		
1. Reassure patient and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____
Implementation		
1. Collect equipment.	_____	_____
2. Wash your hands.	_____	_____
3. Put on gloves.	_____	_____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Use content area vocabulary

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Interactive Communication Skills
- Communicate with clients/customers

General Relating Skills
- Interact with clients/customers/patients
- Obtain confidence of others
- Develop esteem in self/others

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
4. Place one hand above symphysis pubis over lower uterine segment to support uterus.	____	____
5. Place other hand in a horizontal position, cupping the fundus.	____	____
6. Press on the fundus with the hand, moving in a circular motion toward the vagina.	____	____

CAUTION: Without proper support to the lower uterine segment or if the uterus is relaxed during attempts to express clots, the nurse risks inversion of the uterus, a serious complication.

7. After clots are expressed and uterus is massaged and firm, perform pericare for comfort.	____	____
8. Clean patient and make her comfortable.	____	____
9. Wash hands.	____	____
10. Record tone and height of fundus.	____	____
Evaluation Evaluate the procedure's success.	____	____
Documentation Record any pertinent observations according to the facility's policy.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS ______________________________

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Applied principles of procedure	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the Competency Profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

300

PERFORMANCE EVALUATION KEY

4 **Skilled** — Can perform job with no additional training
3 **Moderately Skilled** — Has performed job during training program; limited additional training may be required
2 **Limited Skill** — Has performed job during training program; additional training is required to develop skill
1 **Unskilled** — Is familiar with process, but is unable to perform job

(Date)

(Evaluator's Signature)

(Evaluator's Position)

WRITTEN TEST

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

Name ______________________________ Score ____________

OBJECTIVE 1

Match terms associated with labor and delivery to their definitions. Write the correct letter in the blank.

Part 1

_____ 1. Refers to previous pregnancies that have reached period of viability

_____ 2. Hormone produced by the posterior pituitary that stimulates uterine contractions and the release of milk in the mammary gland (Let-down reflex)

_____ 3. Woman who has borne more than one viable child

_____ 4. Branch of medicine concerning the care of women during pregnancy, labor, and postpartum

_____ 5. Drug that stimulates uterine contractions, thus accelerating childbirth and preventing post-delivery hemorrhage

_____ 6. Rapid or sudden labor of less than three (3) hours duration beginning from onset of cervical changes to completed birth

_____ 7. Developing body in utero from beginning of ninth week after fertilization until birth

a. fetus
b. gestation
c. gravida
d. gynecology
e. multipara
f. obstetrics
g. oxytocic
h. oxytocin
i. para
j. precipitate labor
k. prolapsed cord

May be photocopied for student use.

Part 2

_____ 1. Pasty, greenish mass that collects in intestine of fetus, consisting of mucous, epithelial cells, bile, lanugo, and vernix caseosa

_____ 2. Series of processes by which the products of conception are expelled from the mother's body

_____ 3. Expulsion of a child from the uterus by the mother or its extraction by the obstetric practitioner

_____ 4. Difficult labor caused by mechanical or functional factors or a combination of both

_____ 5. Stage of delivery when the top of the fetal head can be seen at the vaginal orifice

_____ 6. Two-bladed instrument with a handle for extracting the fetal head from the maternal passage

_____ 7. Transparent, almost colorless fluid contained in amnion

_____ 8. Mild, intermittent, painless uterine contractions that occur during pregnancy

_____ 9. Severe pregnancy-induced-hypertension in which convulsions and/or coma occur

a. amniotic fluid

b. Braxton Hicks contractions

c. crowning

d. delivery

e. distension

f. dystocia

g. eclampsia

h. forceps

i. labor

j. meconium

k. mecurium

l. presentation

m. prolapsed cord

May be photocopied for student use

Part 3

_____ 1. Birth by an incision through the abdominal wall and uterus

_____ 2. Blood-tinged mucus discharged from vagina before or during labor

_____ 3. Condition in which the baby's head is too large for the mother's pelvis or the mother's pelvis is too small for the baby's head

_____ 4. An incision of the perineum during delivery

_____ 5. Product of conception from moment of fertilization to end of eighth week after fertilization

_____ 6. Period beginning with regular contractions until complete dilation of cervix

_____ 7. Period of intrauterine fetal development from conception through birth

_____ 8. The descent of the fetus into the true pelvis

a. bloody show
b. cephalopelvic disproportion
c. cesarean delivery
d. embolism
e. embryo
f. episiotomy
g. first stage of labor
h. fetus
i. forceps
j. gestation
k. gravida
l. lightening

May be photocopied for student use

Part 4

_____ 1. Placental expulsion in which the entire placenta separates from the uterus at about the same time and slides out with the decidual (dull) side showing

_____ 2. Highest point of skull; the crown

_____ 3. Time of expected delivery

_____ 4. Placental expulsion in which the entire placenta is expelled from the uterus with the shiny side of the amniotic surface first

_____ 5. Protrusion of the umbilical cord in advance of the presenting part

_____ 6. Woman who is having or has had one viable child

_____ 7. Woman who is pregnant; number of pregnancies of any duration

_____ 8. The deliberate initiation of uterine contractions prior to the spontaneous onset

a. Duncan's mechanism

b. gravida

c. induction of labor

d. labor

e. precipitate delivery

f. primipara

g. prolapsed cord

h. protrusion

i. Schultze's mechanism

j. term

k. trial labor

l. vertex

May be photocopied for student use.

OBJECTIVE 2

Match stations of descent to their descriptions. Write the correct letter in the blank.

_____ 1. The point at which the fetus's chin lays against its chest

_____ 2. The point at which the fetal head passes the mother's ischial spines

_____ 3. Progress of the presenting part through the pelvis

_____ 4. The process in which the fetus turns from transverse position to the anterior position of the mother's pelvis, enabling the its head to rest beneath the mother's symphysis pubis

_____ 5. The process in which the baby rotates from the anterior position back to the transverse position, resulting in the birth of the anterior shoulder, the posterior shoulder, then the full body

_____ 6. The process in which contractions push the fetal head under the lower border of the symphysis pubis, resulting in the birth of the head, first the occiput, then the face, and finally the chin

a. descent

b. engagement

c. expansion

d. extension

e. external rotation

f. fission

g. flexion

h. internal rotation

i. transitional rotation

OBJECTIVE 3

Choose the word or phrase to complete statements about common medications administered during labor. Write the correct letter in the blank.

_____ 1. To relax the cervix, the physician may order a

a. hypnotic
b. narcotic
c. tranquilizer
d. antiemetic

May be photocopied for student use.

_____ 2. Tranquilizers are administered to

a. relieve pain
b. relax the cervix
c. decrease anxiety
d. produce sleep

_____ 3. Narcotics are administered

a. after the cervix is dilated 3-4 cm
b. after the cervix is dilated 8 cm
c. during delivery
d. during postpartum

_____ 4. If a patient has received a hypnotic (barbiturate) the nurse should watch for signs of

a. restlessness and excitement
b. vomiting
c. hypotension
d. slowed respirations

_____ 5. When a patient receives narcotics, or tranquilizers, the nurse should

a. stay with the patient until the drug has taken effect
b. monitor FHR every 5 minutes until stable
c. place emesis basin within easy reach
d. put the side rails up on the bed

_____ 6. Hypnotics (barbiturates) should be administered

a. after cervix is 3-4 cm dilated
b. after cervix is 5-6 cm dilated
c. early in labor
d. late in labor

_____ 7. Tranquilizers should be administered

a. after cervix is 3-4 cm dilated
b. after cervix is 5-6 cm dilated
c. early in labor
d. late in labor

_____ 8. If a patient has received a narcotic the nurse should

a. provide quiet environment for rest and sleep
b. watch for signs of dehydration
c. watch for signs of restlessness or excitement
d. check FHT and respiration

May be photocopied for student use.

_____ 9. Hypnotics (barbiturates) are administered to

a. reduce pain
b. relax cervix
c. provide rest
d. relieve depression

OBJECTIVE 4

Choose the word or phrase to complete statements about anesthesias administered during delivery. Write the correct letter in the blank.

_____ 1. A disadvantage of epidural and caudal blocks is that they may cause

a. vomiting
b. slow labor
c. fetal bradycardia
d. spinal headache

_____ 2. The types of anesthesia that permit the mother to feel the contractions include

a. saddle and epidural
b. general and regional
c. paracervical and caudal
d. pudendal and local

_____ 3. A saddle block is administered by injection

a. into the lumbar region of epidural space
b. into the skin and tissues of perineum
c. under the dura of the spinal cord
d. on either side of the cervix

_____ 4. Occasionally, transient bradycardia may occur with a/an

a. paracervical block
b. epidural block
c. saddle block
d. general anesthetic

_____ 5. Fetal bradycardia is a possible danger of

a. saddle block
b. general anesthesia
c. epidural block
d. paracervical block

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_____ 6. Infection is a possible danger with

a. general anesthesia and saddle block
b. caudal, saddle, and epidural blocks
c. epidural, pudendal, and paracervical blocks
d. all regional blocks

_____ 7. Excessive uterine bleeding may result from

a. inhalation anesthesia
b. paracervical block
c. saddle block
d. caudal and epidural blocks

_____ 8. The type of regional anesthesia that anesthetizes the perineum, vulva, and rectal area only is

a. pudendal block
b. saddle block
c. caudal block
d. epidural block

OBJECTIVE 5

Choose the word or phrase to complete statements about fetal monitoring terms. Write the correct letter in the blank.

_____ 1. The most significant aspect of information from fetal monitors is associated with

a. fetal oxygenation
b. fetal heart tones
c. fetal blood pressure
d. strength of contractions

_____ 2. To establish a baseline, the FHR must be recorded for at least

a. 5 minutes
b. 10 minutes
c. 5 contractions
d. 10 contractions

_____ 3. The baseline FHR normally ranges between

a. 75-100 beats per minute
b. 100-125 beats per minute
c. 120-160 beats per minute
d. 150-175 beats per minute

May be photocopied for student use.

_____ 4. A smooth baseline indicates

a. fetal well-being
b. transition to the next stage of labor
c. membrane rupture
d. fetal distress

_____ 5. Tachycardia refers to a baseline FHR over

a. 120 beats per minute
b. 140 beats per minute
c. 160 beats per minute
d. 180 beats per minute

_____ 6. Bradycardia refers to a baseline FHR below

a. 120 beats per minute
b. 140 beats per minute
c. 160 beats per minute
d. 180 beats per minute

_____ 7. Early decelerations are due to compression of the

a. placenta, forcing it to act as a wedge, opening the cervix
b. uterus, forcing the baby through the dilated cervix
c. umbilical cord, reducing the fetal heart rate
d. fetal head, resulting in stimulation of the parasympathetic nervous system

_____ 8. Variable decelerations can reach rates as low as

a. 40 beats per minute
b. 60 beats per minute
c. 80 beats per minute
d. 100 beats per minute

OBJECTIVE 6

Select from a list assessments that indicate fetal distress and possible nursing interventions. Write an "X" in the blank before each correct answer.

_____ 1. Persistent tachycardia

_____ 2. Irregular tachycardia

May be photocopied for student use.

_____ 3. Decreasing uterine activity by discontinuing the oxytocin infusion

_____ 4. Loss of baseline variability

_____ 5. Severe variable decelerations or late decelerations that persist in spite of position changes of mother

_____ 6. Irregular fetal heart rate

_____ 7. A decrease in baseline variability with an increasing baseline FHR

_____ 8. An increase in baseline variability with no change in baseline FHR

_____ 9. Administering oxytocin infusion

_____ 10. Positioning the mother on her left side and elevating her legs

_____ 11. Positioning the mother on her back, with her head and knees raised

_____ 12. Positioning the mother on her back with the head of the bed elevated

_____ 13. Changing the mother's position, preferably to her left side

_____ 14. Correcting hypotension of the mother

_____ 15. Fetal heart rate that slows below 100 beats per minute during a contraction and does not return to normal within 10 to 15 seconds after the contraction ends

_____ 16. A FHR that "mirrors" the contractions

_____ 17. Variable decelerations that react to changes in the mother's position

_____ 18. Meconium in the amniotic fluid in a vertex presentation

_____ 19. Administering oxygen to the mother

_____ 20. Variable decelerations with normal baseline variability accompanied by meconium-stained amniotic fluid

OBJECTIVE 7 **Distinguish between characteristics of external and internal fetal monitors.** Write an "E" in the blank before characteristics of external monitors and an "I" in the blank before characteristics of internal monitors.

_____ 1. Abnormal FHR recordings are more easily recognized.

_____ 2. It can be used at any time; the cervix does not have to be dilated nor the membranes ruptured first.

_____ 3. It does not record baseline FHR variability.

_____ 4. Obesity, maternal and fetal movement, and fetal position, affect the quality of the recording.

_____ 5. There is a degree of risk of fetal and/or maternal infection.

_____ 6. Although some hospitals permit RNs to apply the internal electrode and catheter, many consider it the function of the physician, thereby requiring a physician's presence for its use.

_____ 7. An improperly placed electrode or catheter could conceivably cause injury to fetus or mother.

_____ 8. There are minimal artifacts.

_____ 9. It is noninvasive.

_____ 10. The membranes must be ruptured and the cervix must be dilated to 3 to 4 cm before monitoring can occur.

_____ 11. The straps or stockinette can be uncomfortable to the patient.

_____ 12. The transducers can be applied by the nurse; the physician does not have to be present.

_____ 13. Uterine activity is measured.

May be photocopied for student use.

OBJECTIVE 8

Choose the word or phrase to complete statements about inducing labor. Write the correct letter in the blank.

_____ 1. Amniotomy is the artificial rupture of the membranes which causes

a. the presenting part to exert greater pressure on the cervix, making contractions stronger
b. the presenting part to act as a wedge, forcing the cervix to open
c. the flood of amniotic fluid to exert pressure on the cervix and increase contractions
d. a natural increase in oxytocins

_____ 2. When membranes are stripped, the membranes are

a. separated from the placenta
b. ruptured, then removed
c. dissolved
d. separated from the uterus

_____ 3. Oxytocins are used to

a. increase or decrease contractions
b. speed cervical dilation
c. initiate and sustain uterine contractions
d. reduce maternal discomfort while speeding delivery

_____ 4. All the following are indications for induced labor **EXCEPT**

a. maternal hypertensive or renal disease or diabetes
b. indications of fetal distress
c. premature rupture of membranes
d. history of rapid labors

_____ 5. All the following are prerequisites for successful induction **EXCEPT**

a. recordable contractions should be present
b. the mother must be at or near term with a mature fetus
c. the cervix should be soft with a moderate amount of effacement and dilation
d. fetal head should be fixed in inlet

May be photocopied for student use.

_____ 6. When membranes are ruptured, the nurse should record all the following **EXCEPT**

a. fetal heart tones
b. amount of fluid
c. characteristics of fluid
d. length and strength of uterine contractions

OBJECTIVE 9

Choose the word or phrase to complete statements about charting terms for labor. Write the correct letter in the blank.

_____ 1. The relation of the presenting fetal part to an imaginary line drawn between the ischial spines of the pelvis is called

a. lie
b. contraction
c. station
d. position

_____ 2. The maximum amount of dilation would be charted as

a. 100%
b. 10 cm
c. 3.5 in
d. full

_____ 3. The fetus's position might be described as

a. 100%
b. LOP
c. LGA
d. -2

_____ 4. Effacement refers to the

a. vagina
b. breasts
c. uterus
d. cervix

May be photocopied for student use.

_____ 5. Normally, vaginal exams are performed routinely

a. on admission
b. every hour or as needed
c. every 2 hours or as needed
d. every 4 hours or as needed

_____ 6. Relation of an arbitrarily chosen fetal reference point to its location in the front, back, or sides of the maternal pelvis is the

a. station
b. presentation
c. position
d. engagement

_____ 7. The normal range of fetal heart tones is

a. 120-160 b/m
b. 130-150 b/m
c. 135-175 b/m
d. 140-180 b/m

_____ 8. If station is charted as +1, it means

a. the presenting part is 1 cm below the ischial spines
b. the presenting part is 1 cm above the ischial spines
c. the fetus is in the first stage of descent
d. the presenting part is high

_____ 9. Mrs. Henderson's chart reads, AROM, meaning that

a. effacement is complete
b. the fetus is descending in a breech position
c. the physician ruptured the amniotic membranes
d. her amniotic membranes are leaking

_____ 10. Normally, FHT's are charted every

a. 15 minutes
b. 30 minutes
c. hour
d. 4 hours

May be photocopied for student use.

_____ 11. If the term "cephalic" was used during charting, the nurse would be referring to

a. position
b. presentation
c. station
d. lie

_____ 12. A nurse charting a patient's effacement would record

a. 60%
b. 3 cm
c. R.O.A.
d. +2

_____ 13. The symbol for vaginal exam may be charted as

a. EDC
b. ROA
c. VE
d. EDD

OBJECTIVE 10

Choose the word or phrase to complete statements about charting terms for contractions. Write the correct letter in the blank.

_____ 1. The duration of a contraction is considered to be

a. muscles tightening or shortening that bring about the birth of the baby
b. the softness of the abdomen during the contraction
c. timing the contraction from its beginning to its end
d. timing from the beginning of one contraction to the beginning of the next

_____ 2. To determine the intensity of a contraction the student should

a. place the patient on the fetal heart monitor
b. listen with a photoscope
c. place her hand gently on the mother's abdomen
d. have the mother tell her when she is having a contraction

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_____ 3. The frequency of a contraction is determined by

a. timing the contraction from its beginning to its end
b. timing from the beginning of one contraction to the beginning of the next
c. averaging contraction times over 15 minutes
d. timing 5 contractions and averaging their rate of occurrence

_____ 4. Contractions are

a. involuntary and intermittent
b. lengthening of uterine muscles
c. tightening of the cervix
d. charted every 15 minutes

OBJECTIVE 11 **List signs and symptoms of early labor.**

1. ______________________________
2. ______________________________
3 ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________

OBJECTIVE 12 **Distinguish between signs of true and false labor.** Write a "T" in the blank before each sign of true labor and an "F" in the blank before each sign of false labor.

_____ 1. Is progressive and has a pattern

_____ 2. No pattern and no progression

_____ 3. Evidence of bloody show

May be photocopied for student use.

_____ 4. Effacement and dilation occur

_____ 5. Discomfort centered in abdomen

_____ 6. Contractions are irregular; no increase in frequency, duration, or strength

_____ 7. Activity increases labor

_____ 8. Activity produces no change

_____ 9. Medications have no effect

_____ 10. Discomfort or pain radiating from back to front

_____ 11. Contractions are regular and increase in strength, duration, and frequency.

_____ 12. No bloody show

_____ 13. Non-progressive dilation, some effacement

_____ 14. Will stop with medication

OBJECTIVE 13 **Describe the four stages of labor.**

1. First stage of labor – ______________________________

____

2. Second stage of labor – ______________________________

____

3. Third stage of labor – ______________________________

____

4. Fourth stage of labor – ______________________________

____

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OBJECTIVE 14

Choose the word or phrase to complete statements about nursing responsibilities during the first stage of labor. Write the correct letter in the blank.

_____ 1. As part of the first stage assessment, the nurse should observe and monitor the effectiveness of

a. medications prescribed
b. coaching
c. maternal pushing
d. the labor's progress

_____ 2. To keep the mother comfortable, the nurse should offer ice chips, if allowed, lubricant for lips, and a cold, wet washcloth for her face, and suggest that she

a. lie on her right side
b. empty her bladder
c. elevate her feet
d. sip cold water

_____ 3. It is important to encourage the patient to use proper breathing techniques during and between contractions and to

a. use analgesics if breathing is difficult
b. correct and replace the coach, if necessary
c. praise her for proper breathing and relaxation
d. discourage use of medications for pain

_____ 4. The perineal area should be cleansed

a. immediately after a contraction
b. as a new contraction begins
c. as a contraction peaks
d. between contractions

_____ 5. During the first stage of labor, the nurse should observe for all the following **EXCEPT**

a. fetal position
b. effacement
c. dilation
d. station

May be photocopied for student use.

_____ 6. Assessment during the first stage of labor should also include monitoring the patient's tolerance for

- a. burning and itching
- b. drinking water or sucking on ice chips
- c. pain
- d. quality of pushing

_____ 7. The nurse should tell the mother and her coach that

- a. labor is a lengthy process and that they will be given information about labor when it applies to them
- b. labor has begun and the doctor will soon be there to answer any questions they might have
- c. it is difficult to determine whether or not labor has begun
- d. labor has begun and provide information about what to expect

_____ 8. During first stage of labor assessment, the nurse should determine from the patient the time contractions started, the status of membranes, the support system, and the

- a. degree of control the mother feels
- b. financial ability to support the child
- c. desired method of childbirth
- d. status of fundus

_____ 9. Nursing responsibilities during the first stage of labor include monitoring the patient by performing all of the following **EXCEPT**

- a. collecting blood and urine samples
- b. recording vital signs
- c. attaching a fetal monitor
- d. listening to FHT frequently

May be photocopied for student use.

OBJECTIVE 15

Choose the word or phrase to complete statements about nursing responsibilities during the second stage of labor. Write the correct letter in the blank.

_____ 1. As delivery approaches, the nurse should supply the coach with appropriate clothing, transfer the patient to the delivery room, position the patient for delivery, and

a. perform the perineal prep, and prepare a warm area for the infant
b. perform the perineal prep, and rupture membranes, if necessary
c. perform the perineal prep, prepare a warm area for the infant, and administer IV fluids
d. prepare a warm area for the infant, rupture membranes if necessary, and administer IV fluids

_____ 2. Normally, FHT or FHR should be monitored every

a. 2 to 5 minutes
b. 5 to 10 minutes
c. 5 to 15 minutes
d. contraction

_____ 3. During the second stage, the nurse should monitor the mother's

a. heart rate
b. blood pressure
c. temperature
d. respiration

_____ 4. In addition to monitoring pushing quality, maternal control, and signs of impending labor, the nurse should also check for excessive

a. warmth
b. sweating
c. thirst
d. hunger

_____ 5. Between contractions, the patient should be encouraged to

a. prepare for upcoming contractions
b. move around
c. rest
d. push

May be photocopied for student use.

_____ 6. The nurse should recognize signs of impending birth including a bulging perineum, a visible presenting part, and

a. increased bloody show
b. cessation of exudant
c. membrane rupture
d. cervical dilation

_____ 7. As labor intensifies, the nurse should teach the mother how to

a. pant
b. re-breathe
c. relax
d. push

OBJECTIVE 16

Select from a list the nurse's responsibilities in the delivery room. Write an "X" in the blank before each nursing responsibility.

_____ 1. Administering anesthesia

_____ 2. Placing the mother's legs in stirrups or proper position

_____ 3. Cleaning the vulva with an antiseptic solution

_____ 4. Clamping the umbilical cord

_____ 5. Having sterile supplies ready for the physician

_____ 6. Helping the physician don sterile gown, mask, and gloves

_____ 7. Continuing to monitor mother and fetus

_____ 8. Performing uterine massage

_____ 9. If a coach or partner is in the delivery room, instructing him/her on where to sit and how to help the mother

_____ 10. Giving reassurance to the mother and her coach

_____ 11. Keeping all information accurate (time of the birth of the baby, Apgar Score, time of the placenta delivery, etc.)

_____ 12. Receiving cord blood from physician for labeling

May be photocopied for student use.

_____ 13. Cleaning and shaving the mother

_____ 14. Noting the parents' reaction to infant

_____ 15. Providing immediate care of the newborn in the delivery room

OBJECTIVE 17

Choose the word or phrase to complete statements about nursing responsibilities for immediate care of the newborn in the delivery room. Write the correct letter in the blank.

_____ 1. The nurse's first priority during the neonate's initial adjustment to extrauterine life concerns

a. monitoring the baby's reactions
b. keeping the baby warm
c. maintaining a clear airway and facilitating respiration
d. monitoring fetal vital signs

_____ 2. To prevent heat loss, the nurse can do all the following **EXCEPT**

a. getting warm fluid into the infant
b. drying the infant
c. covering the infant's head
d. placing the infant under a warmer

_____ 3. Identification provided by the nurse includes

a. completing the birth certificate
b. fingerprinting the infant
c. thumbprinting the mother and child
d. placing identifying bands on infant and mother

_____ 4. The nurse must encourage

a. vigorous activity in the infant
b. rest for the mother immediately after labor and delivery
c. bonding between the infant and parent(s)
d. sleep for the infant

_____ 5. Shortly after birth, the baby's reactions are measured in

a. Apgar scores
b. FHTs
c. IQ tests
d. Rohrshach tests

May be photocopied for student use.

_____ 6. Two drugs the nurse may be called upon to administer shortly after deliver include

a. prophylactic treatment and electrolytes
b. electrolytes and vitamin K
c. vitamin K and prophylactic treatment
d. prophylactic treatment and vitamin B

OBJECTIVE 18

List delivery room patient charting requirements. List the items the nurse should chart about the delivery.

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________
10. ____________________
11. ____________________

OBJECTIVE 19

Select from a list nursing responsibilities during the third stage of labor. Write an "X" in the blank before each correct answer.

_____ 1. Assist with IV oxytocin as ordered by the physician.

_____ 2. Chart time of the expulsion of placenta.

_____ 3. Stitch any perineal lacerations.

_____ 4. Chart whether Duncan or Schultze, delivered spontaneous or manually.

_____ 5. Chart whether or not oxytocin was given.

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_____ 6. Chart weight of infant.

_____ 7. Chart type and condition of episiotomy (midline or lateral).

_____ 8. Chart if there were any lacerations to the perineum and if so what type of repair the physician performed.

_____ 9. Give Vitamin K injections, as instructed.

_____ 10. Clean the vulva with an antiseptic solution.

OBJECTIVE 20

Choose the word or phrase to complete statements about nursing responsibilities during the fourth stage of labor. Write the correct letter in the blank.

_____ 1. After delivery, the perineum should be washed with warm water, dried, and a pad applied

a. from front to back
b. from back to front
c. after the flow begins to subside
d. after applying antibiotics to the perineum

_____ 2. The amount of flow, condition of perineum, and vital signs should be monitored and recorded every

a. 5 minutes
b. 10 minutes
c. 15 minutes
d. 20 minutes

_____ 3. The nurse must promote interaction between parents and infant by

a. allowing opportunities for parents to hold the infant
b. scheduling a time to initiate breastfeeding
c. teaching them about the work to be done after they take the baby home
d. providing parenting education

_____ 4. The nurse should monitor the fundus and record its height and

a. station
b. position
c. size
d. tone

May be photocopied for student use.

_____ 5. After the mother is cleaned and dressed in a warm gown, the nurse should anticipate her needs for rest, pain relief, warmth, and

a. company
b. voiding
c. nourishment
d. showering

_____ 6. Massaging the fundus gently will keep it fully contracted and

a. expel clots
b. increase flow
c. reduce contractions
d. lower blood pressure

_____ 7. The mother's vital signs and comfort level should be monitored during the fourth stage of labor, as should interaction between the

a. parents
b. parents and doctor
c. parents and infant
d. infant and doctor

_____ 8. During the fourth stage of labor, the nurse should assess the status of the

a. fundus, flow, perineum, and bladder
b. fundus, flow, and episiotomy
c. fundus, flow, and perineum
d. flow, perineum, bladder, and episiotomy

_____ 9. The nurse should report any swelling of the

a. abdomen
b. fundus
c. perineum
d. uterus

OBJECTIVE 21

Choose the word or phrase to complete statements about precipitate delivery. Write the correct letter in the blank.

_____ 1. Contributing factors to precipitate delivery include all the following **EXCEPT**

a. multiparity
b. large pelvis
c. induction of labor by rupture of membranes and oxytocin infusion
d. excessive weight gain

May be photocopied for student use.

_____ 2. During precipitate deliveries, the fetal heart tones should normally be monitored every

a. 5 minutes
b. 10 minutes
c. 15 minutes
d. 20 minutes

_____ 3. The nurse should reduce stress in the family by

a. keeping family and visitors away from the mother
b. being sure the doctor, not the nurse, explains what is going on.
c. explaining what a precipitate delivery is and what is happening
d. leaving the parents alone as much as possible

_____ 4. Anesthesia is sometimes used to decrease strength of contractions or prevent

a. involuntary pushing during delivery
b. excessive bleeding
c. rupture of the membranes
d. the volume of maternal screams

OBJECTIVE 22

Choose the word or phrase to complete statements about mechanical dystocia. Write the correct letter in the blank.

_____ 1. Maternal causes of mechanical dystocia include contracted pelvis and

a. obstructive tumors
b. tubal ligations
c. placenta previa
d. tight muscles

_____ 2. Fetal causes of mechanical dystocia include failure of the vertex to rotate, malpresentation, and

a. malformation of the fetus
b. placenta previa
c. prolapsed cord
d. large size

_____ 3. To assess mechanical dystocia, nurse should check all the following **EXCEPT**

a. fetal presentation
b. length of birth canal
c. fetal position
d. fetal head engagement

May be photocopied for student use.

_____ 4. If the baby is presenting in the occiput posterior position, the mother can be made more comfortable by all of the following **EXCEPT**

a. back rubs
b. frequent changes of position
c. a heating pad applied to the back
d. sacral pressure

_____ 5. To prevent dehydration, the mother can be given

a. sodas
b. IV fluids
c. chipped ice and suckers
d. glucose injections

_____ 6. If the baby is in a breech position, labor can be

a. longer
b. dangerous
c. no different than normal labor
d. completed only when a cesarean is performed

_____ 7. CPD is evaluated by

a. palpation
b. x-ray pelvimetry
c. fetal monitor
d. trial labor

_____ 8. Management of a breech presentation includes

a. administering IV fluids
b. relieving back pain
c. rotating fetal head
d. limited analgesia

_____ 9. A contracted pelvis may be indicated by

a. excessive size of the fetal head
b. nonengagement of the fetal head
c. severe back pain
d. prolonged labor

May be photocopied for student use.

_____ 10. Cesarean delivery is a better approach than vaginal delivery when the

- a. fetus is in the occiput posterior position
- b. fetus is in the breech position
- c. mother is highly anxious
- d. extraction is difficult

OBJECTIVE 23

Choose the word or phrase to complete statements about functional dystocia. Write the correct letter in the blank.

_____ 1. Functional dystocia is a condition in which uterine contractions

- a. are stronger than normal
- b. last much longer than normal
- c. deviate from normal
- d. are weaker than normal

_____ 2. Causes of functional dystocia include all the following **EXCEPT**

- a. uterine anomalies
- b. chronic disease
- c. cervical scar tissue from previous surgery
- d. age of the mother

_____ 3. The nurse should monitor and evaluate progress of cervical dilation and descent and of

- a. rotation in birth canal
- b. length of the birth canal
- c. muscular tension in the birth canal
- d. volume of amniotic fluid

_____ 4. Hypertonic uterine dysfunction occurs when muscles of the uterus are in a state of

- a. less than normal tension
- b. greater than normal tension
- c. less than normal length
- d. greater than normal length

May be photocopied for student use.

_____ 5. Hypotonic uterine dysfunction occurs when contractions are

a. more intense than normal
b. inadequate
c. irregular
d. extremely short in duration

_____ 6. Management for hypotonic dysfunction might include administering

a. oxytocin
b. oxygen
c. sedatives
d. antibiotics

OBJECTIVE 24

Choose the word or phrase to complete statements about uterine rupture. Write the correct letter in the blank.

_____ 1. Uterine rupture can be caused by all the following **EXCEPT**

a. rupture of the scar from a previous cesarean delivery
b. prolonged or obstructed labor
c. forced delivery of fetus with abnormalities
d. breech presentation

_____ 2. Signs of complete rupture include all the following **EXCEPT**

a. maternal fever and chills
b. sudden, sharp abdominal pain during contractions
c. abdominal tenderness
d. bleeding into the abdominal cavity and sometimes into the vagina

_____ 3. A complete rupture which develops over several hours will present signs and symptoms with the all the following **EXCEPT**

a. sudden complete cervical dilation
b. abdominal pain during contractions
c. vaginal bleeding may be present
d. rising pulse rate and skin pallor

May be photocopied for student use.

_____ 4. In the case of a ruptured uterus, the nurse should prepare for

a. precipitate delivery
b. an extended labor
c. emergency surgery
d. maternal and/or fetal death

_____ 5. When the uterus ruptures, the mother may be given all the following **EXCEPT**

a. fluids by mouth
b. blood
c. IV fluids
d. oxygen

OBJECTIVE 25

Choose the word or phrase to complete statements about prolapsed umbilical cords. Write the correct letter in the blank.

_____ 1. An umbilical cord can prolapse in front of the fetal presenting part or

a. behind it
b. above it
c. alongside it
d. under it

_____ 2. The chance of prolapse increases in all the following situations **EXCEPT**

a. rupture of membranes when the presenting part is not engaged in the pelvis
b. hydramnios
c. prematurity
d. placenta abruptio

_____ 3. Fetal monitor signs indicating prolapse include

a. tachycardia
b. loss of variability
c. irregular fetal heart rate pattern with periodic fetal bradycardia
d. fetal heart rate "mirrors" contractions

May be photocopied for student use.

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_____ 4. Pressure on the cord can be relieved by

a. positioning the mother on her left side
b. pushing the cord back into the uterus
c. placing a hand in vagina and pushing the infant's head upward
d. placing a hand on the woman's abdomen and pushing the infant's head upward

OBJECTIVE 26

Choose the word or phrase to complete statements about persistent occiput posterior position. Write the correct letter in the blank.

_____ 1. When the baby's head is situated in the mother's pelvis in such a way that the occiput is toward the back of the pelvis instead of toward the front, labor is harder

a. and longer
b. but shorter
c. but less painful
d. and more painful

_____ 2. During these labors, the mother will experience pain in the

a. legs
b. abdomen
c. chest
d. back

_____ 3. If the occiput rotates to the anterior part of the pelvis, the pain will

a. be relieved
b. increase
c. move to the other side
d. move from the abdomen to the back

_____ 4. The mother will need much encouragement to

a. keep from pushing
b. push
c. breathe properly
d. concentrate

May be photocopied for student use.

_____ 5. The baby may rotate into the anterior position if the mother

a. breathes properly
b. pushes while lying on her side
c. refrains from pushing as long as possible
d. receives muscle relaxants

OBJECTIVE 27

Choose the word or phrase to complete statements about breech presentations. Write the correct letter in the blank.

_____ 1. There are three kinds of breech presentations are footling breech, frank breech, and

a. complete breech
b. transverse breech
c. reverse breech
d. partial breech

_____ 2. Fetal heart tones are usually heard

a. lower in the abdomen
b. to one side of the abdomen
c. higher in the abdomen
d. only very faintly

_____ 3. Amniotic fluid commonly contains

a. blood
b. fetal wastes
c. a high sodium level
d. meconium

OBJECTIVE 28

Choose the word or phrase to complete statements about cephalopelvic disproportion. Write the correct letter in the blank.

_____ 1. Cephalopelvic disproportion (CPD) is a condition in which the baby's head is too large for the mother's pelvis or the mother's pelvis is

a. scarred
b. blocked
c. weak
d. small

May be photocopied for student use.

_____ 2. Causes of CPD include

a. fetal deformity
b. maternal diabetes
c. primipara labor
d. placenta previa

_____ 3. If labor does not progress, the doctor may order a/an

a. forceps delivery
b. amniocentesis
c. radiograph
d. cesarean delivery

_____ 4. If a patient has a contracted pelvis the physician may order a

a. trial labor
b. cesarean delivery
c. radiograph
d. forceps delivery

OBJECTIVE 29

Choose the word or phrase to complete statements about multiple pregnancy. Write the correct letter in the blank.

_____ 1. A multiple pregnancy is suspected when the uterus is larger than usual and can be confirmed when

a. feeling more than one head
b. increased above-normal growth
c. hearing more than one heartbeat
d. more than one child is born

_____ 2. The mother must be observed closely for preeclampsia and

a. placenta previa
b. excessive weight gain
c. elevated blood pressure levels
d. premature birth

May be photocopied for student use.

_____ 3. In multiple births, the nurse should watch for uterine dysfunction during labor and

a. uterine rupture
b. postpartum hemorrhage
c. maternal diabetes
d. cardiac disease

_____ 4. When multiple birth labor begins, keep the mother comfortable by

a. repositioning her as often as possible
b. helping her lie still
c. applying hot packs
d. placing her on her left side

OBJECTIVE 30

Choose the word or phrase to complete statements about episiotomies. Write the correct letter in the blank.

_____ 1. An episiotomy is helpful because it does all the following **EXCEPT**

a. relieves pressure on the cervix
b. substitutes a straight surgical incision for the laceration that might otherwise occur
c. facilitates repair of vaginal and perineal damage and promotes healing
d. shortens the second stage of labor

_____ 2. In a midline episiotomy, an incision is made

a. in the middle of the perineum and directed toward the rectum
b. laterally left or right in the perineum
c. from the perineum toward and to the rectum
d. in the middle of the perineum, curving from the left side to the right

_____ 3. If enlargement is needed, the anal sphincter is avoided when

a. a midline episiotomy is performed
b. no episiotomy is performed
c. the perineum is allowed to tear
d. a mediolateral episiotomy is performed

May be photocopied for student use.

_____ 4. It is important to explain to the patient that the episiotomy will heal quickly with

a. good hygienic practices
b. good diet practices
c. proper rest
d. limited exercise

_____ 5. The discomfort of an episiotomy can be reduced by all the following **EXCEPT**

a. applying an icepack
b. using sitz baths
c. using a local analgesic spray
d. applying heat

OBJECTIVE 31

Choose the word or phrase to complete statements about forceps deliveries. Write the correct letter in the blank.

_____ 1. Forceps are designed for extracting the fetal head and are applied after the head has reached the

a. ischial spine
b. cervix
c. vulva
d. perineal floor

_____ 2. Fetal conditions requiring forceps delivery include all the following **EXCEPT**

a. fetal distress
b. breech presentation
c. cord prolapse
d. excess pressure on the fetal head from arrested descent

_____ 3. After a forceps delivery, the nurse must monitor the mother's condition for complications, including lacerations of vagina and cervix, uterine rupture, and

a. CPD
b. membrane rupture
c. injury to the bladder or rectum
d. rectal tearing

May be photocopied for student use.

_____ 4. Complications after a forceps delivery may include facial paralysis, abrasions and bruises on the face, and

a. hemorrhage
b. injury to eyes or skull
c. injury to the vocal cords
d. injury to the neck and spine

OBJECTIVE 32

Choose the word or phrase to complete statements about vacuum extraction. Write the correct letter in the blank.

_____ 1. Vacuum extraction applies suction to the

a. cervix
b. uterus
c. membranes
d. fetal head

_____ 2. After a vacuum extraction, the fetal caput will

a. regress in a few days
b. remain only a few weeks
c. leave a small, permanent scar
d. cause temporary disorientation

_____ 3. During vacuum extraction the nurse should help the mother to relax while suction is applied and

a. stand by with forceps
b. discuss possible complications
c. administer analgesics
d. coach the mother to push

_____ 4. Infant complications include scalp lacerations, intracranial hemorrhage and

a. hair loss
b. cephalhematoma
c. swelling
d. disorientation

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OBJECTIVE 33 **Choose the word or phrase to complete statements about cesarean delivery.** Write the correct letter in the blank.

_____ 1. Cesarean deliveries are indicated for all the following **EXCEPT**

a. cephalopelvic disproportion
b. precipitate labor
c. uterine dysfunction, inertia, inability of cervix to dilate
d. previous uterine or cervical surgery

_____ 2. The most preferred cesarean incision is

a. classic
b. extraperitoneal
c. Porro's operation
d. low segment

_____ 3. A classic incision is

a. a vertical incision made directly into the wall of the body of the uterus
b. a lateral incision made in the lower segment of the uterus
c. an incision made through the perineum to the uterus
d. a lateral incision made on the upper segment of the uterus

_____ 4. Parents should be encouraged to

a. stay calm during a cesarean labor and delivery, knowing it will all be behind them soon
b. view and participate in a cesarean delivery, as an alternative delivery method
c. view a caesarean delivery as a surgical procedure rather than a normal birth
d. prepare themselves for a very difficult birth and recovery

_____ 5. Before the cesarean is performed, the nurse should shave

a. the abdomen
b. the perineum
c. nothing
d. the abdomen and perineum

_____ 6. After a cesarean, the nurse must encourage the mother to

a. walk and move around as soon as possible
b. turn, cough, and breathe deeply
c. stay in bed for the first 72 hours
d. nurse as soon as possible

_____ 7. In Porro's operation

a. the tissue around the bladder is dissected
b. cesarean delivery is followed by removal of the uterus
c. an incision is made transversely in the lower segment of the uterus
d. a vertical incision is made directly into the wall of the body of the uterus

OBJECTIVE 34

Choose the word or phrase to complete statements about labor and delivery for women with cardiac disease. Write the correct letter in the blank.

_____ 1. During labor, the pulse rate, blood pressure, and left ventricular work increase; with each contraction cardiac output increases

a. 10-20%
b. 20-30%
c. 40-60%
d. more than 75%

_____ 2. Following delivery, fluid from interstitial spaces shifts to general circulation, increasing blood volume; elevated plasma volume continues for approximately

a. 2 weeks
b. 4 weeks
c. 6 weeks
d. 8 weeks

_____ 3. During labor, a patient with cardiac disease should be positioned

a. lying on her back
b. lying on her left side
c. upright on her side
d. with her legs elevated

May be photocopied for student use.

_____ 4. To avoid having a mother with cardiac disease push, the

a. mother may be given a general anesthesia
b. mother may be given a spinal block anesthesia
c. infant may be delivered by cesarean section
d. infant may be delivered by forceps

_____ 5. Cesarean delivery is avoided because of greater loss of blood, risk of infection and risk of

a. thromboembolism
b. fetal distress
c. placenta abruptio
d. cardiac failure

NOTE: Objectives 35-41 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

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WRITTEN TEST ANSWERS

CARE FOR THE PATIENT IN LABOR AND DELIVERY

II

OBJECTIVE 1

Part 1	Part 2	Part 3	Part 4
1. i	1. j	1. c	1. a
2. h	2. i	2. a	2. l
3. e	3. d	3. b	3. j
4. f	4. f	4. f	4. i
5. g	5. c	5. e	5. g
6. j	6. h	6. g	6. f
7. a	7. a	7. j	7. b
	8. b	8. l	8. c
	9. g		

OBJECTIVE 2

1. g
2. b
3. a
4. h
5. e
6. d

OBJECTIVE 3

1. b
2. c
3. a
4. a
5. d
6. c
7. c
8. d
9. c

OBJECTIVE 4

1.	b	6.	b
2.	d	7.	a
3.	c	8.	a
4.	a		
5.	d		

OBJECTIVE 5

1.	a	6.	a
2.	b	7.	d
3.	c	8.	b
4.	d		
5.	c		

OBJECTIVE 6 1, 3, 4, 5, 6, 7, 10, 12, 13, 14, 15, 18, 19, 20

OBJECTIVE 7

1.	I	6.	I	11.	E
2.	E	7.	I	12.	E
3.	E	8.	I	13.	I
4.	E	9.	E		
5.	I	10.	I		

OBJECTIVE 8

1.	a
2.	d
3.	c
4.	b
5.	a
6.	d

OBJECTIVE 9

1. c
2. b
3. b
4. d
5. d
6. c
7. a
8. a
9. c
10. d
11. b
12. a
13. c

OBJECTIVE 10

1. c
2. c
3. b
4. a

OBJECTIVE 11

Answer should include the following:

- Lightening
- Bloody show
- Recurrent pains in back and/or abdomen
- Urinary frequency
- Rupture of membranes
- Uterine contractions which gradually increase in frequency, intensity, and duration
- Diarrhea

OBJECTIVE 12

1. T
2. F
3. T
4. T
5. F
6. F
7. T
8. F
9. T
10. T
11. T
12. F
13. F
14. F

OBJECTIVE 13

1. Period beginning with regular contractions until complete dilation of cervix
2. Period from complete dilation of cervix until birth of baby
3. Period from birth of baby until birth of placenta
4. Period from the completion of delivery of the placenta until the postpartum condition is stabilized

OBJECTIVE 14

1. b
2. b
3. c
4. d
5. a
6. c
7. d
8. c
9. a

OBJECTIVE 15

1. a
2. c
3. b
4. a
5. c
6. a
7. d

OBJECTIVE 16

2, 3, 5, 6, 7, 9, 10, 11, 12, 14, 15

OBJECTIVE 17

1. c
2. a
3. d
4. c
5. a
6. c

OBJECTIVE 18

Answers should include the following:

- Time of birth
- Position of the baby
- Whether delivery was spontaneous or whether forceps were used
- Type of episiotomy
- Sex of the baby
- Condition of the baby
- Time of placenta delivery
- Whether placenta delivery is manual or spontaneous
- Estimated blood loss
- Whether or not there were any perineal lacerations
- Type of anesthesia used

OBJECTIVE 19

1, 2, 4, 5, 7, 8

OBJECTIVE 20

1. a
2. c
3. a
4. d
5. c
6. a
7. c
8. a
9. c

OBJECTIVE 21	1.	d		
	2.	c		
	3.	c		
	4.	a		
OBJECTIVE 22	1.	a	6.	a
	2.	a	7.	b
	3.	b	8.	d
	4.	c	9.	b
	5.	b	10.	d
OBJECTIVE 23	1.	c		
	2.	d		
	3.	a		
	4.	b		
	5.	b		
	6.	a		
OBJECTIVE 24	1.	d		
	2.	a		
	3.	a		
	4.	c		
	5.	a		
OBJECTIVE 25	1.	c		
	2.	d		
	3.	c		
	4.	c		

OBJECTIVE 26	1.	a
	2.	d
	3.	a
	4.	b
	5.	b
OBJECTIVE 27	1.	a
	2.	c
	3.	d
OBJECTIVE 28	1.	d
	2.	b
	3.	d
	4.	a
OBJECTIVE 29	1.	c
	2.	d
	3.	b
	4.	a
OBJECTIVE 30	1.	a
	2.	a
	3.	d
	4.	a
	5.	d
OBJECTIVE 31	1.	d
	2.	b
	3.	c
	4.	b

OBJECTIVE 32	1.	d
	2.	a
	3.	d
	4.	b
OBJECTIVE 33	1.	b
	2.	d
	3.	a
	4.	b
	5.	d
	6.	b
	7.	b
OBJECTIVE 34	1.	b
	2.	a
	3.	c
	4.	d
	5.	a

OBJECTIVE SHEET

CARE FOR THE POSTPARTUM PATIENT

III

INTRODUCTION

Childbirth is the climax of pregnancy. It is followed by a postpartum period that lasts six weeks or more. For students to safely care for postpartum patients, it is imperative to know the dramatic changes that take place in a woman's body and the physical and emotional complications that can occur following delivery.

UNIT OBJECTIVE

After completing this unit, the student will be able to assess needs, demonstrate care, and instruct the patient on discharge planning. The student will show these competencies by completing assignment sheets, job sheets, and the written test with a minimum of 85 percent accuracy.

PREREQUISITES

Units 1 and 2 of *Maternal and Neonatal Care*

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with postpartum to their definitions.
2. Choose the word or phrase to complete statements about body changes in the postpartum patient.
3. List daily assessments of the postpartum patient.
4. Choose the word or phrase to complete statements about the nursing process for the postpartum patient with uterine hemorrhage, laceration of the birth canal, vaginal hematomas, pulmonary embolism, and thrombophlebitis.
5. Choose the word or phrase to complete statements about the nursing process for the postpartum patient with puerperal infection and mastitis.
6. Choose the word or phrase to complete statements about the nursing process for the patient with postpartum psychosis.
7. Choose the word or phrase to complete statements about providing emotional support to patient and family members when the woman does not carry the infant to viability.
8. Choose the word or phrase to complete statements about providing emotional support to the patient and family members experiencing a stillbirth, early neonatal death, or infant born with birth defect.

9. Choose the word or phrase to complete statements about the advantages, disadvantages, and effectiveness of various birth control methods.

10. Prepare a unit of instruction for a patient. (Assignment Sheet 1)

11. Complete obstetrical care study for a postpartum patient. (Assignment Sheet 2)

12. Complete postpartum fundal check. (Job Sheet 1)

13. Perform a daily assessment of the postpartum patient. (Job Sheet 2)

14. Give complete perineal care. (Job Sheet 3)

15. Use perineal lamp. (Job Sheet 4)

CARE FOR THE POSTPARTUM PATIENT

PREPARATION

- Review unit and plan presentation.

- Determine scope and sequence of objectives that you add. Design and develop support materials, including evaluation techniques, for additional objectives.

- Review teaching suggestions and plan classroom activities.

- Determine how you will schedule time for students to demonstrate competence in the required procedures.

- Order materials to supplement unit.

- Make transparencies from Transparency Masters.

- Invite a guest speaker to discuss postpartum nursing care. Other speakers you might want to invite include a representative of your local hospital birthing unit, an area midwife, and a local obstetrical nurse.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. You may want to supply the Objective Sheet, Information Sheet, and any other components you want them to cover. Confirm the scheduled appearance 2-3 days prior to the presentation.

- Obtain models and large pictures of phases of postpartum care.

- Make a poster about postpartum care.

- Make a bulletin board about postpartum care.

- Devise games and/or crossword puzzles to reinforce terms or groupings.

- **HOSA** Integration

  — Assist students to conduct a chapter service project on postpartum care.
  — Develop objectives for service project and identify a theme.
  — Create a poster according to Extemporaneous Health Display rules. Display poster in a highly visible area.

  - Plan a community or school health project that involves disseminating pamphlets about proper care of patients in postpartum care.

- This unit is developed to comply with the scope or practice for LPNs. Discuss alternative administrative practices and responsibilities that may vary with the location and type of agency.

DELIVERY

- Discuss the unit goal.

- Invite students to recall their own postpartum periods and relate them to unit objectives.

- Have students monitor television, movie, and literary characters experiencing postpartum changes and evaluate how realistic these portrayals are.

- Invite students to discuss historic attitudes toward the postpartum period, including pioneer women returning to the fields hours after giving birth and prescribed weeks of bed rest after birth.

Objective 1: Match terms associated with postpartum to their definitions.

- Discuss terms associated with postpartum.

- Have students review the list of terms and try to categorize them as anatomical, behavioral, etc., to illustrate the breadth of knowledge expected of a health care giver during the postpartum period.

- Have students relate terms to non-birth related processes or items and compare/contrast them. For example, compare and contrast lochia to the healing phases of a bruise or postpartum "blues" to adolescent hormonal changes and reactions.

- Have students discuss their impression of these items. "Engorged," for example, will likely provoke vivid memories of discomfort and appearance which will aid in nursing empathy.

Objective 2: Choose the word or phrase to complete statements about body changes in the postpartum patient.

- Relate each change to pregnancy, birth, nursing, and healing. Also relate each change to corresponding changes in other areas.

- Invite students to discuss the knowledge they did or did not have about these changes after giving birth and how this affected their decisions and reactions.

- Discuss reactions in patients who do not choose to nurse their baby.

- Discuss pressures and misconceptions common in nursing mothers and the role of health care providers.

- Discuss normal pain and discomfort and nursing care.

- Discuss the passage of postpartum clots. Invite students to recall their reactions and how health care givers can help the patient.

- Discuss how postpartum changes must affect behavior, including limiting or prohibiting sexual intercourse, douching, and strenuous physical activity.

- Discuss the care and healing of episiotomies and stitches.

- Discuss patient concerns about appearance, particularly concerning abdominal muscle tone and striae.

- Discuss the effect of cesarean delivery, multiple pregnancies, and other situations that affect muscle tone and postpartum recovery.

- Relate vital signs and functions of the urinary, gastrointestinal, and circulatory systems to other postpartum changes, including the stress of infant care and sleep loss.

- Discuss postpartum "blues" and its effect on the mother and other family members. During the discussion, remind students that the mother faces not only hormonal changes, but stresses of infant care, loss of sleep, and attention demands from family and friends.

- Discuss extreme emotional changes leading to suicidal or infanticidal thoughts or actions and the role of health care givers.

- Prepare handouts of current information on the following subjects:

    - Breast care
    - Involution
    - Lochia
    - Perineal care
    - Elimination (urinary)

- Elimination (bowel habits & hemorrhoids)
- Episiotomy
- Diet and fluids
- Bathing
- Rest and exercise
- The return of normal reproductive functions
- Danger signs to report

Students should be allowed to use these when preparing to do patient teaching.

Objective 3: List daily assessments of the postpartum patient.

- Discuss how each assessment is performed.
- Discuss normal and abnormal as related to each assessment.
- Discuss how assessment is related to the length of hospital stay.
- Suggest that students use a mnemonic device (memory aid) to remember the fourteen nursing responsibilities they are to list.

  EXAMPLES: Make a word sentence based on the first letter of each responsibility; assign one responsibility to each finger, eye, the nose and mouth.

Objective 4: Choose the word or phrase to complete statements about the nursing process for the postpartum patient with hemorrhage, laceration of the birth canal, vaginal hematomas, pulmonary embolism, and thrombophlebitis.

Objective 5: Choose the word or phrase to complete statements about the nursing process for the postpartum patient with puerperal infection and mastitis.

- Review the signs of hemorrhage, laceration of the birth canal, vaginal hematomas, pulmonary embolism, and thrombophlebitis as related to nursing assessments.
- Discuss how care of the patient will be affected by surgical and/or medicinal treatments.
- Discuss the emotional reaction of the mother and family.
- Describe and illustrate the use of vaginal packs, sitz baths, and other treatment equipment.
- Discuss positioning and postpartum care.

Objective 6: Choose the word or phrase to complete statements about the nursing process for the patient with postpartum psychosis.

- Discuss the role of home nursing and postpartum psychosis.
- Ask students to discuss their own postpartum "blues" and contrast them with postpartum psychosis.
- Invite a mental health expert to discuss postpartum psychosis. Ask him/her to describe the difference between normal stress responses, depression, and psychosis. Also ask her/him to suggest care strategies for nurses.
- Students may have heard of postpartum psychosis cases through magazine articles or television talk shows. Encourage students to discuss their reactions to these cases.
- In some countries, postpartum depression, like premenstrual syndrome, is a valid legal defense. Have students discuss how they would react to patients who, while suffering postpartum psychosis, injured themselves or others.
- Have students compile a list of area support groups, counseling services, and other agencies which patients might be referred to.

Objective 7: Choose the word or phrase to complete statements about providing emotional support to patient and family members when the woman does not carry the infant to viability.

Objective 8: Choose the word or phrase to complete statements about providing emotional support to the patient and family members experiencing a stillbirth, early neonatal death, or infant born with birth defect.

- Review previous instruction in affective communication techniques. Stress the importance of compassionate listening, rather than offering "words of wisdom."
- Note differences in reactions between the patient and other family members.
- Discuss the roles of clergy, counselors, and others.
- Discuss how outside factors such as previous pregnancies, family pressures, finances, or cultural expectations can affect patient response.

- Discuss the function of bonding. Point out that if the infant is born with birth defects, bonding must be encouraged. If the infant is not carried to viability, is stillborn, or dies soon after birth, the parent may still feel bonded or feel responsible.

- Review confidentiality.

- Have students compile a list of support groups, counseling services, and other agencies patients might be referred to.

Objective 9: Choose the word or phrase to complete statements about the advantages, disadvantages, and effectiveness of various birth control methods.

- Add information about new birth control methods.

- Discuss the importance of proper use and common use errors.

- Have students put birth control information in a chart or pamphlet. The publication can be used to meet HOSA guidelines.

- Have students discuss considerations for selecting or recommending a birth control method. Describe various patients, such as a teenage girl, a woman over 40, an unmarried woman who has sex infrequently, and a woman who is nursing, and ask students to discuss which methods would or would not be best suited for the patient.

- Review birth control devices used for other medical interventions, such as AIDS prevention.

- Review other methods of contraception, including mutual masturbation, rhythm methods, abortion, cervical caps, sponges, birth control pills for men, and the morning after pill.

- Review side effects and misconceptions concerning birth control devices, including links between birth control pills and cancer, IUD's and toxic shock syndrome, and sterilization and the sex drive.

APPLICATION

Objective 10: Prepare a unit of instruction for a patient.

- Have students select a topic for patient teaching and prepare a unit of instruction.

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- Schedule time for each student to complete "patient teaching." Classmates could role play new mothers for the student presenting the class. Each topic should be discussed fully in class.

- Videotape presentations, according to HOSA guidelines, for HOSA competition or for a public service project.

- Discuss how the patient affects the presentation. For example, how should the presentation be changed for a teenage mother? For a mother with three young children at home? For a mother who is having difficulty bonding?

Objective 11: Complete obstetrical care study for a postpartum patient.

- Discuss information needed to complete care study. Assign patients for study by students. Complete Care Study.

- Have students adjust the care study to accommodate changes in the patient's condition.

- Have students suggest other information that might be helpful in formulating care studies.

Objective 12: Complete postpartum fundal check.

Objective 13: Perform a daily assessment of the postpartum patient.

Objective 14: Give complete perineal care.

Objective 15: Use perineal lamp.

- Demonstrate the tasks listed, including patient positioning and use of equipment.

- Review indications for each task.

- Discuss how each task is altered to meet specific patient conditions.

- Have students explain each task to a patient, a member of the patient's family, a patient from another culture, a deaf patient, a teenage patient, and a patient's child.

- Review other instances in which these skills might be used.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and reevaluate if necessary.
- Modify materials in unit or create supplementary materials for individual students as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give the written test.

  NOTE: The written test may be given in sections if desired.
- Complete appropriate sections of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

- *Contraception Programs*, available in filmstrip with cassette or video from cassette. 16 minutes. Covers ten methods of birth control, advantages and disadvantages of each, associated risks, possible side effects, and where they can be obtained. Available from Opportunities for Learning, Inc., 941 Hickory Lane, Dept. XN, PO Box 8103, Mansfield, OH 44901-8103, 419-589-1700.

Models

- Models of fetal development, birth stages, and postpartum, as well as teaching manikins are available through Armstrong Medical Industries, Inc., PO Box 700, Lincolnshire, IL 60069-4220, 1-800-323-4220, FAX # 708-913-0138.

Print Media

- *Contraception Awareness Poster*. Opportunities for Learning, Inc., 941 Hickory Lane, Dept. XN, PO Box 8103, Mansfield, OH 44901-8103, 419-589-1700.

- Milliken, Mary Elizabeth. *Understanding Human Behavior: A Guide for Health Care Providers,* 4th ed. Delmar Publishers, Inc.: Albany, 1991.

- Sloane, Ethel. *Biology of Women*, 2nd ed. Delmar Publishers, Inc.: Albany, 1991.

Software

- *Reproductive Systems and Contraception.* Software covers anatomy and physiology, contraception methods, effectiveness, and risks. Includes software, manual, work sheets, and unit tests. For use on Apple computers. Available from Opportunities for Learning, Inc., 941 Hickory Lane, Dept. XN, PO Box 8103, Mansfield, OH 44901-8103, 419-589-1700.

UNIT REFERENCES

- Bethea, Doris C. *Introductory Maternity Nursing*, 5th ed.. J.B. Lippincott Company: Philadelphia, 1989.

- Bethea, Doris C. *Introductory Maternity Nursing.* Workbook. J.B. Lippincott Company: Philadelphia, 1989.

- Jensen, Margaret Duncan, Ralph Benson, Irene Bobak. *Maternity Care: The Nurse and The Family*, 4th ed.. The C.V. Mosby Company: St. Louis, 1989.

- *Test Plan for the National Council Licenses Examination for Practical Nurses*. National Council of State Boards of Nursing, Inc., 1986.

CARE FOR THE POSTPARTUM PATIENT

OBJECTIVE 1

Match terms associated with postpartum to their definitions.

- **bonding** – the development of a close emotional tie to a mate or to a newborn; also called claiming or binding-in
- **colostrum** – watery, yellowish fluid, high in protein and low in carbohydrates and fats, secreted by the breasts after childbirth; acts as a laxative, which aids in expelling meconium
- **engorged** – distended or completely filled
- **Homan's sign** – pain in the calf on dorsiflexion of the foot
- **involution** – return of the uterus to its normal size following delivery
- **lactation** – formation and secretion of milk
- **lochia** – postpartum uterine discharge consisting of red and white blood cells, fatty epithelial cells, shreds of endometrium, and bacteria
- **lochia alba** – yellowish or white vaginal discharge after tenth day postpartum
- **lochia rubra** – reddish vaginal discharge first four days postpartum
- **lochia serosa** – brownish vaginal discharge fourth or fifth day postpartum
- **meconium** – pasty, greenish mass that collects in intestines of fetus; consists of mucus, epithelial cells, bile, lanugo, and vernix caseosa
- **postpartum "blues"** – temporary depression following childbirth usually appearing three days after birth; believed to be due to hormonal changes and emotional stress
- **prolactin** – hormone secreted by the anterior pituitary; stimulates lactation
- **puerperal sepsis** – an infectious disease of childbirth; also called puerperal fever and childbed fever
- **venous stasis** – slowing or cessation of flow of blood in the veins

OBJECTIVE 2

Choose the word or phrase to complete statements about body changes in the postpartum patient.

Breasts

- Colostrum is secreted the first two or three days; contains mainly serum and white corpuscles.

- Estrogen and progesterone secreted by the placenta during pregnancy inhibit production of prolactin or lactogenic hormone.

- Two essential processes involved in lactation:

  - SECRETION of milk depends upon stimulation by the lactogenic hormone and upon frequency and complete emptying of the breasts.
  - EXPULSION of milk is controlled by the let–down reflex.

- Around the third day the breasts may become swollen, hard, and painful; this is called engorgement; this will last 24 to 36 hours.

- Breast milk will come after the engorgement.

- Incomplete emptying of breasts decreases milk secretion.

Uterus

- Uterus gradually becomes smaller during the period of involution, which takes approximately 6 weeks. By the tenth postpartum day, the uterus has descended into the pelvic cavity. It should not be palpable above the symphysis pubis. The uterus is measured in finger breadths in relation to the umbilicus.

- Persistent reddish color of lochia after fourth or fifth day indicates that involution is not taking place or that placental fragments have been retained.

Lochia

- Contains blood from placental site, particles of decidua, and mucus

- For the first two or three days lochia is red and bloody and is called lochia rubra. By the third or fourth day the lochia decreases and is more serous, is pink or brown and is called lochia serosa. On the ninth or tenth day the lochia is scant, appears yellowish–white and is called lochia alba.

- Amount of lochia appears more profuse in multigravida, when ambulating for the first time after delivery, or after breast feeding.

- Three weeks after delivery there is very little, if any, discharge.

- Non–nursing mothers will probably have the first menstrual period within eight weeks after delivery.

- Nursing mothers will probably have a menstrual period about two months after lactation ceases. It is possible for nursing and non–nursing mothers to become pregnant before menstruation returns.

Cervix

- Is soft, flabby, and partly open

- Muscle begins to regenerate and close after one week.

- Small lacerations may heal spontaneously or require cauterization later.

- External os remains somewhat wider and more slit–like.

Perineal Area

- Vagina recovers slowly, but muscle tone never returns to the predelivery state.

- Labia loses the cushion of fat and may become flabby.

- Perineal tone returns slowly over a six–to–eight week period.

Abdomen

- Muscles remain soft and flabby for some time; good nutrition, adequate rest, and proper exercises help the muscles regain tone much faster.

- Striae gradually fade to silvery white but do not disappear.

- Separation of abdominal muscles may occur due to loss of muscle tone.

- Multipara may experience cramping called afterpains. This cramping also may be experienced by the nursing mothers because breast feeding stimulates the uterus to contract. Oxytocin medications may also cause cramping.

Vital Signs

- **Temperature**
  - Should remain within normal limits
  - A slight rise may occur following delivery. A temperature of 100.4 F or higher on any two consecutive days, excluding first 24 hours, may be a sign of infection.
- **Pulse**
  - May be slower than usual soon after delivery and remain so for 1 or 2 days
  - Pulse between 60 and 70 is a good sign. A rapid pulse may indicate hemorrhage, shock, or infection later on.
- **Blood Pressure**
  - Should stay normal
  - Fall in blood pressure accompanied by rapid, thready pulse is a sign of hemorrhage.
  - A rise in blood pressure is a symptom of pre–eclampsia.

Urinary Tract

- Bladder has increased capacity; the urge to empty may be diminished due to over–distention or anesthesia and analgesics. Bladder tone is usually restored within 24 to 48 hours.

- Bladder may fail to empty completely, which increases the incidence of bladder infections.

- Urine output is greatly increased (diuresis) the first 24 to 48 hours as the body excretes fluid retained during pregnancy.

- Distended bladder can impair involution process.

Circulatory System

- Blood loss during delivery decreases blood volume.

- Moderate anemia may occur due to blood loss.

- White cell count increases during labor and early puerperium.

- Fibrinogen level is elevated.

- Pulse rate slows after delivery.

- Diaphoresis may occur for several weeks because of changes in metabolism.

Gastrointestinal System

- Appetite for food and fluid is usually good.

- Bowel function may be delayed due to decreased intake during labor, flaccid abdominal muscles, decreased pressure from uterus, and/or fear of pain from episiotomy or hemorrhoids. Good nutrition, plenty of fluids, exercise, and return of bowel tone usually corrects the problem.

- Increased caloric and fluid intake is most essential for the nursing mother.

Emotional Changes

NOTE: See Objective 6 for information on postpartum psychosis.

- Need for rest and sleep is great in the immediate postpartum period.

- Following delivery, it is common for mood changes to occur frequently with little apparent cause for exhilaration or depression. The patient may become irritable or tearful.

- Mother may feel inadequate and unsure of her ability to cope with her new role.

- Some new mothers experience depression or postpartum "blues" in varying degrees on about the third day postpartum related to the abrupt hormonal changes, fatigue, and discomforts that occur during postpartum.

- If symptoms of depression persist or become severe, the physician should be notified because they might indicate a more serious condition.

OBJECTIVE 3

List daily assessments of the postpartum patient.

It is the nurse's responsibility to provide mental and physical comfort to the postpartum patient. The nurse must be able to detect abnormal symptoms early to assure a normal postpartum recovery. Every morning and with every shift, a postpartum assessment is performed on each patient, and includes the following 14 assessments:

- Vital signs every four hours or more

CAUTION: If the temperature is 100.4°F, or increased generally, infection may be indicated.

  - Rapid pulse may indicate infection.
  - Low blood pressure may indicate unusual bleeding
- Tremors
- Appetite
- Pain
- Urinary elimination; assess for bladder distention or urine residue.
- Breasts and nipples; assess for beginning of lactation, presence of infection and masses; whether tender, firm, soft, or filling.
- Fundus for location and firmness
- Lochia for amount and character; describe as "heavy," "moderate," or "scant."
- Perineum for hematomas, swelling, signs of infection, healing and whether it is intact
- Anus for hemorrhoids and if defecation has occurred
- Legs for redness, swelling, or positive Homan's sign

  IMPORTANT: A negative Homan's sign does not always indicate that thrombophlebitis is absent.
- Emotional state
- Bonding
- Activity level

OBJECTIVE 4 **Choose the word or phrase to complete statements about the nursing process for the postpartum patient with uterine hemorrhage, laceration of the birth canal, vaginal hematomas, pulmonary embolism, and thrombophlebitis.**

In order to complete responsibilities during the postpartum stage, the student nurse must be able to apply the nursing process for patients with bleeding complications.

HEMORRHAGE

- **Causes** – Uterine atony; retention of placenta fragments; multiple births; multiparity; hematological disorders (disseminated intravascular coagulation); complications of pregnancy such as tumors of the cervix or uterus; medical complications of pregnancy; infection of the genital tract

- **Assessment data** – Bleeding may be rapid or over a period of 2 or more hours; bleeding in excess of 500 cc.; rapid and/or thready pulse; decrease in blood pressure; pallor, chills, dyspnea, and air hunger; restlessness; disturbed vision

  NOTE: Normal blood loss during and after delivery is from 50 to 300 cc.

- **Treatment** – Cause must be determined; fundus massaged until firm; oxytocic and/or Vitamin K administered on physician's orders; laceration repair, if needed; fluid and blood replacement, if needed; may require D and C or other surgery; antibiotics administered to prevent infection.

- **Nursing Interventions**
  - Notify physician immediately.
  - Observe closely and massage fundus using correct technique.
  - Check vital signs frequently.
  - Administer Rx medications.
  - Record number of pads saturated in a given length of time.
  - Remain with mother until crisis passes.
  - Administer oxygen.
  - Prepare for surgical intervention.

LACERATION OF THE BIRTH CANAL

- **Types of lacerations**
  - Labial Laceration

- Perineal Laceration
    - First degree — involves the mucosa and skin with some fibers of the superficial musculature
    - Second degree — Also includes deeper structures of the perineum
    - Third degree — Involves all the structures of the vaginal wall; the anal sphincter and muscles are severed
    - Fourth degree — Involves all of the above and the anal wall so that the anus is laid open
- Vaginal Laceration

- **Causes** — Forceps delivery; aseptic or unattended spontaneous delivery; congenital abnormalities of the maternal soft parts; contracted pelvis; size, presentation, and position of the fetus; prior scarring from infection; injury or surgery; the presence of vulvar, perineal, and vaginal varices; abnormal uterine action, such as in a precipitate delivery

- **Assessment data** — Blood loss; pain; inability to void.

- **Treatment** — Blood replacement; vaginal packs; retention catheter; analgesics; heat or cold application; stool softeners; increased fluids; *with fourth degree laceration, no enemas or suppositories*

WARNING: Enemas and suppositories can severely injure patients with fourth degree lacerations. DO NOT administer enemas or suppositories to patients with fourth degree lacerations.

- **Nursing Interventions**
    - Administer analgesics.
    - Maintain intake and output.
    - Observe laceration closely for swelling or drainage.
    - Apply heat or cold as required.
    - Assist in reestablishing bowel habits.
    - Maintain care of retention catheter.

VAGINAL HEMATOMAS

- **Causes** — Occurs more frequently in association with forceps rotation of a fetus in an OP position; often found on same side as the occiput because of long, continuous pressure of the fetal head in one posterior quadrant of the vagina.

- **Symptoms** – Because all hematomas have a small start, the sequelae may include tissue devitalization, serious blood loss, shock, and infection; patient may complain of persistent perineal pain or feeling of fullness in the vagina; inspection may reveal a large purplish mass at the introitus.

- **Treatment** – Hematomas may be incised and evacuated and deep sutures placed for control of bleeding; retention catheter; vaginal pack; antibiotics; analgesics.

- **Nursing Interventions**

  - Observe intake and output, drainage from vaginal pack.
  - Administer Rx medications.

CYSTITIS – **Refer to Prenatal Unit on complications**.

PULMONARY EMBOLISM

- **Cause** – Serious condition often originates in a uterine or pelvic vein; may occur following infection, thrombosis, or severe hemorrhage or shock.

- **Assessment data** – Patient will experience sudden, severe pain over her heart and severe difficulty breathing followed by extreme apprehension, syncope, pallor or cyanosis, and an irregular, feeble, or imperceptible pulse. If pulmonary artery is completely occluded, symptoms may consist of a sudden outcry followed by coma and death.

- **Treatment** – Oxygen, quiet environment, analgesics, sedation, anti–coagulants, bed rest, frequent vital signs, may be placed in intensive care unit

- **Nursing Interventions**

  - Keep patient quiet.
  - Maintain complete bed rest.
  - Administer oxygen.
  - Administer Rx medications.
  - Provide support to patient and family.

THROMBOPHLEBITIS

NOTE: "Milk leg" is the lay term for thrombophlebitis.

- **Cause** – Venous stasis, clotting defects, excess fibrinogen

- **Assessment data** – Chills and fever; pain in leg; leg feels hot to touch; swelling; red streaks or local inflammation in that leg; positive Homan's sign.

- **Treatment** – Anticoagulants; daily prothrombin and clotting time; application of heat or cold; bed rest; antiembolism hose

- **Nursing Interventions**

  - Elevate leg 30 to 45 degrees.

    NOTE: Support entire leg.

  - DO NOT massage leg.

WARNING: Leg massage can dislodge clots. DO NOT massage leg.

  - Maintain bed rest.
  - Provide emotional support.
  - Observe for hemorrhage because of anticoagulants.

    NOTE: Early ambulation will help prevent complications.

OBJECTIVE 5

Choose the word or phrase to complete statements about the nursing process for the postpartum patient with puerperal infection and mastitis.

PUERPERAL INFECTION

- **Cause** – Non–aseptic technique in examination or use of contaminated instruments in delivery that allow pathogenic organisms into genital tract; contact with persons with **streptococci** or **staphylococci** organisms. Lacerations of the cervix or vagina may have open avenues for sepsis. Disease–producing organisms such as streptococcus or staphylococci may enter and travel up the birth canal before or during labor or during postpartum and invade the placental site.

- **Assessment data** – Foul smelling lochia; continuous temperature over 100.4 F for two days or more, excluding first twenty–four hours; chills; rapid pulse and respirations; large and tender uterus; headache; insomnia; anorexia.

- **Treatment** – Isolation, if needed; Fowler's position to promote drainage; analgesics and antipyretics; culture of drainage and blood to determine organism; bed rest; intake and output; antibiotics; high calorie, high–vitamin diet; analgesics; leg exercises to promote circulation.

- **Nursing Interventions**
  - Maintain aseptic techniques.
  - Observe drainage.
  - Administer Rx medications.
  - Provide support.

MASTITIS

- **Causes** – Infecting organism is usually **staphylococcus aureus** or **hemolytic streptococcus**; occurs most often in primiparas who are nursing; almost always unilateral; develops after flow of milk is established; infected nipple fissure is usually the initial lesion.

- **Assessment data** – Chills, fever, malaise, and breast tenderness are first symptoms; nipple fissure; infection moves to ducts; inflammation, edema, and engorgement obstruct flow of milk; may lead to breast abscess.

- **Treatment** – Intensive antibiotic therapy, support of breast, local warm or cold packs and analgesics; if abscess develops, it must be incised and drained. Mother stops nursing.

- **Nursing Interventions**
  - Administer antibiotics and analgesics.
  - Apply warm or cold packs.
  - Apply supportive device to breast.
  - Support mother and give encouragement.
  - If abscess occurs and incision and drainage take place, follow physician's orders for nursing care.

OBJECTIVE 6

Choose the word or phrase to complete statements about the nursing process for the patient with postpartum psychosis.

Postpartum psychosis is psychosis occurring within 4–6 weeks after delivery.

- **Cause** – Unknown, although approximately 33% of women who experience postpartum psychosis probably had a mental illness prior to pregnancy; stresses of pregnancy, delivery, and new responsibilities of parenthood.

- **Assessment data** — Clouding of consciousness; depression, withdrawal; hostility; fear and suspicion; feelings of inadequacy; hallucinations

- **Treatment**

  - Consultation with a psychiatrist and/or a psychologist
  - Close observation by nursing staff
  - Administration of psychotropic medications ordered by physician

- **Nursing Interventions**

Reduce anxiety and hostility

- Have the woman state her perception of her current situation and reasons for her anxiety and hostility.
- Have the woman describe how she might cope with current situation.
- Explore potential resources that the woman/family might use to reduce stresses.
- Administer psychotropic drugs as prescribed.
- Make referrals to appropriate health team members and/or agencies to increase resources available to the woman/family.

Patient Teaching

- Teach the woman/family parenting skills – feeding, bathing, dressing, soothing the infant; normal characteristics and activities of newborns, when appropriate and possible
- Have the woman/family member demonstrate parenting skills when able.

OBJECTIVE 7

Choose the word or phrase to complete statements about providing emotional support to patient and family members when the woman does not carry the infant to viability.

When you are faced with helping a patient who requires supportive measures due to the loss of an infant (e.g., ectopic pregnancy, spontaneous abortion), your primary concern will be to make the situation as easy for the parents and family as possible. Make sure you understand the situation, listen closely to the health care staff, family, and friends and be careful about any information you may discuss. Your role is to provide support and encouragement when possible.

Here are some guidelines to assist you in responding effectively to the situation.

Assessment strategies

- Assess the woman's behavior.
  - Euphoric, talkative
  - Quiet, nonverbal
  - Denial or acknowledgment
- Review woman's obstetric history.
  - Was there difficulty conceiving?
  - Were there any previous abortions?
- Was anything done to initiate the condition?
- Assess the family's response.

Nursing Interventions

- Make yourself available and indicate your willingness to sit and listen to the woman and family.
- Encourage and assist verbalization of the following:
  - Feelings of loss, of being cheated
  - The woman's fear of not being able to ever carry a fetus to term, of having something wrong with her
  - Any feelings, actions, or lack of action that the woman or family may believe caused the loss
  - Reflections on previous pregnancies, labors, etc.
- Act as an advocate to the physician about the woman's questions concerning cause and her biologic functioning capacity.
- Make appropriate referrals: family planning, psychiatric social worker, PRIDE, Compassionate Friends, community support groups, etc.
- Verbally repeating an experience helps one cope with a situation and helps integrate it into one's self–perception in a nonthreatening way.
- The woman experiencing loss may need to ask the same question repeatedly from the same or other people. The nurse and others should answer each time with patience and understanding.
- The woman experiencing grief may feel alienated from others, lonely, and helpless; she may exhibit anger in the presence of or toward an accepting, understanding, and caring person, such as the nurse.

Evaluation outcome

- The woman retains a positive sense of self–esteem and self–worth.
- The woman and family appraise the situation realistically (e.g., ambivalent or negative feelings toward the pregnancy did not cause the abortion).

OBJECTIVE 8

Choose the word or phrase to complete statements about providing emotional support to the patient and family members experiencing a stillbirth, early neonatal death, or infant born with birth defect.

Assessment strategies

- Assess mother's response: Does she show appropriate signs and symptoms of grieving process?

  NOTE: Her cultural background and past experiences with grief and the grieving process influence how she shows her grief and how she progresses through the grieving process.

  - Shock, disbelief, and anger
  - Developing awareness
  - Resolution or acceptance may not be seen during short hospital stay
- Assess mother's support system: husband, family, friends, culture, and religion.
- Note mother's age; adolescent's needs are different from those of a middle–aged woman.
- Are there definite cultural (or religious) influences that help the mother define death and direct her grieving process?
- Assess the parent's reactions to telling their other children, other family members, and friends. If possible, assess the older child's/children's reactions.

Nursing Interventions

- Provide physical care and meet dependency needs in a thoughtful and unhurried manner.

- Make infant as attractive as possible, for example, clean him up, wrap him in a pretty blanket. Allow time for the mother or couple to caress their dead infant, if they choose to do so. Stay with mother or couple during this time.

- Arrange time for mother to talk over labor and delivery, to accomplish the following:

  - Validate and assimilate experience.
  - Work through shock and disbelief.
  - Clarify events.
  - Ease her need to search for reasons.

- Assist woman (couple) to identify and verbalize feelings:

  - "You must feel like you were cheated."
  - "Somehow it just doesn't seem fair."
  - "You feel angry."
  - "One feels so helpless, so powerless, in this type of situation."
  - "There are times when your feelings may seem strange to you."

- Do not minimize event with comments such as "You are still young" or "You have others."

- Allow mother (couple) to verbalize concerns (perhaps to role–play different approaches) regarding ways to inform the siblings, other family members, friends.

- Encourage the mother to meet her postdelivery physical needs

  - To revitalize after pregnancy and labor
  - To release energy for emotional work

- Provide support as the mother searches for causes and reviews and rehearses events leading up to stillbirth.

  - It is normal to look for answers. Nurses should not feel they must have all the answers.
  - Focusing in on this event to the exclusion of all other activities of daily living and interaction with other family members is normal now.
  - It is normal to feel confused and indecisive, and have a sense of unreality. Some grieving persons fearfully confide, "I think I must be going crazy."

- Provide support for adolescent needs.
  - Reassure the girl of her femininity. An adolescent who is unwed may have become pregnant to prove herself, her femininity, and her reproductive capacity.
  - Reassure her that her conversations with the nurse are confidential.
  - Be a "safe" authority figure to whom she can vent angry feelings. Bravado, defensiveness, and withdrawal may be signs of immaturity and struggles with autonomy; or she may use these behaviors to cover feelings that the stillbirth occurred as punishment for out-of-wedlock pregnancy.
  - Provide support and empathy. Help generate self–esteem and a sense of worth by including adolescent in planning for her care after discharge, providing information regarding her body after delivery, referring her to teenage rap sessions at family planning and adolescent clinics or other groups in the area.

- Provide support for general maternal (couple) needs.
  - Provide a role model for facing grief, keeping communication open, feeling safe and comfortable in dealing with an unpleasant situation.
  - This baby is important now. Mother needs to talk about this baby. She does not want or need to focus on her other children or any suggestion for substitutes for her loss.
  - Occasionally the mother must withdraw for a short while as if to evaluate experience a small piece at a time. Signs that she is withdrawing are closing her eyes, drawing curtains around her bed (or shutting door), changing the subject.

- Reassure siblings. They may feel that the parent or parents lied to them about the coming of a new baby. The older child may feel that it is his or her fault that the baby died because he or she may not have wanted a new sibling now, or wanted a boy but got a girl, so that the girl then died. Older siblings may act out their feelings in other ways.

Evaluation outcome

- Mother (and family) begins the grieving process.

- Mother (and family) receives anticipatory guidance regarding components of grieving process and possible reactions of family and friends.

- Mother retains feelings of self–worth.

OBJECTIVE 9

Choose the word or phrase to complete statements about the advantages, disadvantages, and effectiveness of various birth control methods.

PILL

Advantages – Easy to take; periods usually shorter with less flow; doesn't interfere with sex; menstrual cramps may be diminished

Disadvantages – May cause nausea, weight gain, headaches, depression, breakthrough bleeding; increased incidence of vascular disease, especially if woman is a smoker. NOT recommended for breast feeding mothers.

Effectiveness – Approximately 99% effective if directions are followed.

INTRAUTERINE DEVICE (IUD)

Advantage – Does not have to be inserted each time a woman has intercourse.

Disadvantages – Has to be inserted by physician and checked periodically; infections frequently occur; causes cramping and bleeding in some women; may cause perforation of uterus.

Effectiveness – Not as effective as the pill, but will prevent pregnancy in a majority of instances. However, it may be expelled unknowingly. Ordinarily not recommended for women who have not had children as it is difficult to insert in such cases. Approximately 95–97% effective.

DIAPHRAGM

Advantages – Not a systemic drug; no physical risks

Disadvantages – Must be fitted by a doctor and checked periodically; must be inserted each time before intercourse and left in place for six–eight hours afterward; user must be scrupulous in cleaning and storing it.

Effectiveness – If used correctly, many women have a high degree of success. Among consistent users, about 2 or 3 out of 100 become pregnant each year. If diaphragm is improperly placed or becomes displaced during intercourse, pregnancy can result. Approximately 97% effective if used correctly with spermicidal preparation.

CONDOM

Advantages – No prescription needed; no physical risks; reduces risk of contracting sexually transmitted diseases and AIDS

Disadvantages – Male must take responsibility; reduced sensitivity; must be put in place before intercourse

Effectiveness – It offers good protection if the man uses it correctly and consistently. Failures are due primarily to tearing of the condom or to its slipping off during the sex act. About 98% effective when used correctly; rate reduced to 88% when not used correctly or consistently.

CHEMICAL METHODS

Advantages – No prescription needed; easy to insert; no physical risk unless allergic to chemical

Disadvantages – Must be inserted each time before intercourse; must comply with time limits to allow suppository to dissolve and the amount of time spermicide lasts

Effectiveness – Vaginal foams rate somewhat higher in effectiveness than the other chemical methods. If used with a condom, close to 100% effective; without condom, 90-97%.

RHYTHM

Advantages – No prescription needed; no physical risks

Disadvantage – Period of ovulation is not dependable

Effectiveness – Uncertain unless the menstrual cycle is regular and you can accurately figure out your fertile period. Correct use means having no sexual penetration for the specified time – often as long as half of each month. Approximately 90-97% effective if used consistently; rate drops to 60-80% if inconsistently used.

STERILIZATION

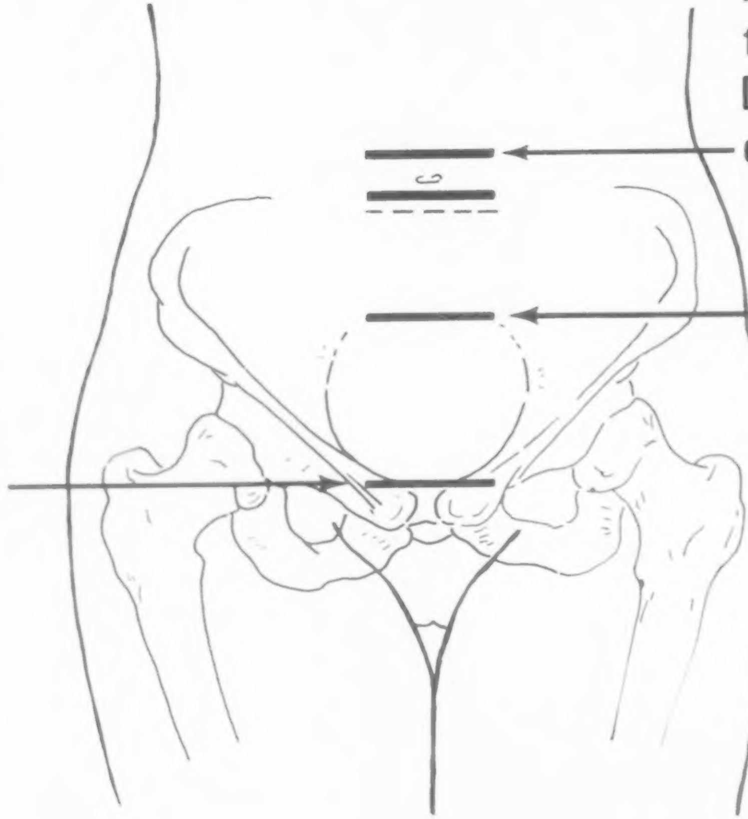
Advantage – Considered permanent

Disadvantage – Surgical procedure, but can be done under local anesthesia; may have some discomfort and swelling

Effectiveness – Since neither eggs nor sperm are being released, this method is considered extremely effective. It is considered a permanent birth control method. Almost 100% effective–the most effective method.

NOTE: There are new methods of contraception, such as Norplant® and one-shot injections, on the market. Ask your instructor for information about these methods.

Uterine Involution



Fundus of Uterus Rises to Area of Umbilicus During Fourth Stage of Labor

Fourth Day

Nonpalpable by Tenth Day

TRANSPARENCY MASTER 1 - Maternal/Neonatal Care
CMC - III - 31

TM 1

ASSIGNMENT SHEET 1

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, creative thinking/problem solving, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

READING

- Gaining factual information
- Interpreting forms and records

WRITING

- Stating ideas clearly
- Completing forms and records
- Writing instructions

SCIENCE

- Investigating/applying principles of anatomy/physiology
- Investigating health issues

ORAL COMMUNICATION

- Making informative presentations
- Giving/following oral directions

CREATIVE THINKING/PROBLEM SOLVING

- Creating a finished product
- Developing an action plan

EMPLOYABILITY

- Mastering a specific job task/procedure
- Developing effective leadership

- If students have difficulty gaining factual information:
  - Suggest they read carefully noting key words and ideas.
  - Instruct them to list the questions they hope to answer.
- If students have difficulty interpreting forms and records:
  - Examine the structure of the forms being used.
  - Review the terminology on the form.
- If students have difficulty stating ideas clearly:
  - Suggest they have their thoughts organized before they begin writing.
  - Review the information noting the key words and ideas.
  - Discuss the importance of stating the ideas clearly.
- If students have difficulty completing forms and records:
  - Examine the structure of the forms being used.
  - Stress the importance of accurate, legible records.
- If students have difficulty writing directions:
  - Review the information.
  - Discuss the importance of arranging directions in a logical sequence.

- If students have difficulty investigating/applying principles of anatomy/physiology:
  - Review the relevant units of the text.
  - Discuss the importance of this skill to being a professional nurse.
- If students have difficulty investigating health issues:
  - Discuss the health issues that concern the postpartum patient.
  - Discuss the importance of being able to investigate health issues in recognizing symptoms.
- If students have difficulty making informative presentations:
  - Remind them that being prepared is the best way to handle nerves and ensure a successful presentation. Encourage them to practice in front of a mirror and for their families and close friends before they make the speech in class.
  - Explain that being nervous is a natural part of making a speech. The fear will go away within 30 seconds after they start.
- If students have difficulty giving/following oral directions:
  - Review the information in the lesson plan.
  - Review the guidelines for presenting information in the relevant units of the text.
  - Remind them to arrange the directions in a logical sequence.
- If students have difficulty creating a finished product:
  - Review the action plan to determine whether it will bring the desired results.
  - Discuss the way in which the finished product is organized.
  - Review the requirements of the assignment.

  - Suggest they use the requirements of the assignment as the basis for an outline.
  - Review the information.
  - Instruct them to work one step at a time until the project is finished.

- If students have difficulty developing an action plan:
  - Instruct them to list their goals.
  - Discuss the steps necessary to attain the goals.
  - Instruct them to arrange the steps in a logical order.
  - Provide or discuss effective teaching plans as examples. Be sure the students know what is expected of them.

- If students have difficulty mastering a specific job task/procedure:
  - Emphasize the fact that practice makes a person proficient and proficiency makes a person confident.
  - Suggest they study each component of the procedure to determine which area is causing difficulty.
  - Review the entire procedure.
  - Team them with proficient students or professionals to practice the procedure.

- If students have difficulty developing effective leadership:
  - Discuss ways in which patients depend upon the leadership of the nurse.
  - Discuss the value of being an effective leader to all areas of one's life.

ASSIGNMENT SHEET 2

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Interpreting forms and records

  WRITING

  - Stating ideas clearly

  - Completing forms and records

  SCIENCE

  - Investigating/applying principles of anatomy/physiology

  - Investigating health issues

  ORAL COMMUNICATION

  - Applying active listening skills

  - Giving/following oral directions

  - Communicating with clients/customers

  INTERPERSONAL OR RELATING

  - Interacting with clients/customers/patients

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information
- Identifying critical elements/issues
- Creating a finished product
- Transferring knowledge/training to new situations
- Evaluating results/outcomes

EMPLOYABILITY

- Mastering a specific job task/procedure
- Dealing effectively with customers/clients

- If students have difficulty applying active listening skills:
  - Stress the importance of focusing on the speaker.
  - Remind students that maintaining eye contact enhances listening ability.
  - Practice concentrating on the speaker and ignoring common distractions.
  - Suggest that they be ready to listen before beginning the communication.
- If students have difficulty communicating with clients/customers:
  - Suggest they role play customer communication scenes, focusing on the customer's expectations and perspective.
  - Discuss the importance of courtesy and how it affects employee/customer communication.
- If students have difficulty interacting with clients/customers/patients:
  - Have them identify their responsibilities as an employee and discuss how their actions meet those responsibilities.
  - Suggest phrases they can use regularly and have them practice the phrases, noting volume, grammar, and intonation.

  - Discuss the importance of body language and posture.
  - Suggest to students that, when dealing with a patient, they concentrate on the patient rather than working on other tasks.

- If students have difficulty collecting/recording information:
  - Discuss the importance of recording medical information accurately.
  - Discuss the need for adequate and accurate information to assure proper care for the patient.
  - Review the types of information required in this assignment.

- If students have difficulty identifying critical elements/issues:
  - Instruct them to read or examine their sources carefully, noting key words and ideas.
  - Instruct them to listen or watch carefully for clue words that suggest a critical issue is being presented.

    EXAMPLES: Patients may give overt clues such as,"I am not sure that I understand these instructions. Do I really need to know this?" Watch for furrowed forehead or other facial expressions that indicate the information is difficult or confusing for the patient. Listen for hesitancy, too much flippancy. Patients may disguise threatening, important or personal matters as unimportant. Be alert for phrases such as "by the way", for low volume, avoidance of eye contact and other signals.
  - Suggest they list the questions they hope to answer.

- If students have difficulty transferring knowledge/training to new situations:
  - Review the pertinent training. Compare the new situation to the training situation.
  - Examine ways in which training can be used in the new situation.

- If students have difficulty evaluating results/outcomes:
  - Review the goals of the assignment.
  - Discuss which of the goals were met.

  - List any areas that are not fully understood.

- If students have difficulty dealing effectively with customers/clients:
  - Discuss the importance of effective communication skills.
  - Review active listening skills and other communication techniques.
  - Discuss customer relations policies.

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1.

ASSIGNMENT SHEET 1

CARE FOR THE POSTPARTUM PATIENT

III

Name ______________________________ Score ____________

OBJECTIVE 10

Prepare a unit of instruction for a patient.

Teaching the postpartum patient to care for herself and her baby starts immediately after admission to the postpartum unit.

INTRODUCTION

The student nurse will be able to present postpartum information in an appropriate manner so that the patient will be able to demonstrate an understanding of the information. To accomplish this, the student nurse will have to implement various teaching methods and techniques.

DIRECTIONS

Your assignment is to write a lesson plan for one of the postpartum topics below. You will be expected to complete the lesson plan and actually demonstrate how to deliver the information. Guidelines for presenting the information were given in earlier units.

Suggested patient teaching topics for the postpartum mother.

Perineal care
(sprays, ointments, etc.)
Sitz bath
Lochia
Involution
Episiotomy
Bathing
Breast care (Non-lactating)
Breast care (Lactating)
Diet
Rest and Activity

Exercising
Elimination (Voiding)
Elimination (Bowel habits, Hemorrhoids)
Vital signs
Birth control
Menstruation
Sex
Referrals
Follow-up care
Danger signs to report
Pain management

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records

Language Skills
- State ideas clearly

Functional Writing Skills
- Complete forms & records
- Write instructions

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Oral Presentation Skills

- Make informative presentations

Interactive Communication Skills

- Give/follow oral directions

Cognitive Activities Skills

- Create a finished plan
- Develop an action plan

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Develop effective leadership

PATIENT TEACHING FORM

TOPIC	
OBJECTIVE	
NEED FOR INSTRUCTION	
METHOD OF TEACHING (Demonstration or Instruction)	
INFORMATION BEING TAUGHT	
RESOURCES OR EQUIPMENT NEEDED	
DEMONSTRATION OF UNDERSTANDING	
EVALUATION OF KNOWLEDGE AND PROCESS	

ASSIGNMENT SHEET 2

CARE FOR THE POSTPARTUM PATIENT

III

Name ______________________ Score __________

OBJECTIVE 11

Complete obstetrical care study for a postpartum patient.

DIRECTIONS

Use the forms on the following pages to complete an obstetrical care study for a postpartum patient. Your instructor will assign a postpartum patient to you or give you a case study.

Functional Reading Skills
- Interpret forms and records

Language Skills
- State ideas clearly

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Listening Skills
- Apply active listening skills

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers

General Relating Skills
- Interact with clients/customers/ patients

Cognitive Activities Skills

- Collect/record information
- Identify critical elements/issues
- Create a finished product
- Transfer knowledge/training to new situations
- Evaluate results/outcomes

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Deal effectively with customers/clients

STUDENT'S NAME	**PATIENT'S INITIALS**
I. **General Information** Age ____________ Gravida ____________ Para ____________ EDC ____________ General Health Status: ____________ ____________________ Other Health Problems: ____________ ____________________	
II. **Postpartum Daily Checks** Use nurse's notes provided. There should be at least three days of daily checks recorded, preferably days that you took care of the patient. Day 1 ____________ ____________________ Day 2 ____________ ____________________ Day 3 ____________ ____________________	
III. **Care Plan** Discuss problems, interventions, and goals seen with the postpartum patient using the ten basic needs. ____________________ ____________________	

IV. Teaching Discuss areas of teaching using one job sheet for each subject taught. (There should be at least 10 of the 20 topics taught.) ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________ ____________________	
V. Medications Medication cards should be turned in on all medication ordered for your postpartum patient.	
VI. Discharge Include discharge instructions your patient's physician gives upon discharge. You may use the brochure for routine discharge orders given by the physician.	

VI. Personal Evaluation or Comments What areas did you like best? Least? Was this a worthwhile experience for you?	

NURSE'S NOTES FOR THE POSTPARTUM PATIENT

STUDENT'S NAME ______________________________

PATIENT'S INITIALS ______________

DATE ____________ POSTPARTUM DAY ____________

VITAL SIGNS:

BP ____________ P ____________ R ____________ TEMP ________

BREASTS ______________________________

____

NIPPLES ______________________________

____

FUNDUS ______________________________

LOCHIA ______________________________

ADDITIONAL COMMENTS

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ASSIGNMENT ANSWERS	***CARE FOR THE POSTPARTUM PATIENT*** ***III***
ASSIGNMENT SHEET 1	Information will vary according to topic and new research. Instructor should set the guidelines for evaluation when assigning the written paper.
ASSIGNMENT SHEET 2	Information will vary according to patient data provided. Instructor should set guidelines for evaluation when assigning care study.

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JOB SHEET 1

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  SCIENCE

  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  ORAL COMMUNICATION

  - Giving/following oral directions
  - Analyzing/applying non-verbal communication
  - Communicating with clients/customers

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients
- Obtaining confidence of others

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information
- Identifying critical elements/issues

EMPLOYABILITY

- Mastering a specific job task/procedure
- Dealing effectively with customers/clients

- If students have difficulty following written instructions:
  - Discuss the possible consequences of not following instructions precisely.
  - Have them read the instructions several times, noting the key words and ideas.
  - Let them watch the procedure and compare it with the written instructions.
- If students have difficulty analyzing/applying non-verbal communication:
  - Discuss some ways in which patients reveal information non-verbally.

    EXAMPLES: Facial expressions, Tone of voice, Movements, Body position, Mannerisms
  - Discuss some ways in which the student can convey information non-verbally.

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- If students have difficulty obtaining confidence of others:
  - Suggest they review communication and interpersonal or relating skills.
  - Suggest they review their role in the procedure.
  - Discuss the impact their positive attitudes will have on the patient.
  - Discuss with a trusted professional the reasons that may be contributing to the lack of confidence.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2.

JOB SHEET 2

Development of:
READING SKILLS
WRITING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, mathematics, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  MATHEMATICS

  - Using English & metric measures

- Collecting/recording data
- Making measurements

SCIENCE

- Using scientific instruments (thermometer, sphygmomanometer)
- Investigating/applying principles of anatomy/physiology
- Investigating health issues

ORAL COMMUNICATION

- Applying active listening skills
- Giving/following oral directions
- Analyzing/applying non-verbal communication
- Communicating with clients/customers

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients
- Obtaining confidence of others

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information
- Identifying critical elements/issues
- Transferring knowledge/training to new situations
- Evaluating results/outcomes

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- If students have difficulty using English and metric measures, suggest that they look at a yardstick or tape that is marked in both English and metric and study the measurements until there is a concrete idea about the lengths of different units of measurement.

- If students have difficulty collecting and recording data:

  - Stress the importance of accuracy in recording data.

  - Discuss the structure of the forms being used.

- If students have difficulty using English and metric measures or making measurements:

  - Review units of measure in the English and metric systems.

  - Determine which system is used on the available instrument and demonstrate its use.

- If students have difficulty using scientific instruments (thermometer, sphygmomanometer), review the correct procedure for its use.

- If students have difficulty practicing good work habits:

  - Encourage the students to become familiar with the entire procedure before they begin the work.

  - Discuss the role that good work habits and attitudes have in obtaining and retaining employment.

  - Discuss what good work habits are. Make sure the students know what is expected of them.

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  – Gaining factual information

  – Interpreting forms and records

  – Following written instructions

  WRITING

  – Completing forms and records

  SCIENCE

  – Investigating/applying principles of anatomy/physiology

  – Investigating health issues

  ORAL COMMUNICATION

  – Applying active listening skills

  – Giving/following oral directions

  – Applying questioning techniques

  – Analyzing/applying non-verbal communication

  – Communicating with clients/customers

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients
- Obtaining confidence of others
- Developing esteem in self/others

CREATIVE THINKING/PROBLEM SOLVING

- Evaluating results/outcomes

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- If students have difficulty applying questioning techniques:
  - Instruct them to be prepared and have their questions organized before the communication begins.
  - Stress the importance of accurate questioning to obtain information.
- If students have difficulty developing esteem in self/others:
  - Discuss the importance of treating the patient in a dignified manner.
  - Discuss the importance of esteem in all areas of life.
  - Review communication and interpersonal or relating skills.
  - Discuss ways to provide privacy for the patient.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2, and Job Sheets 1 and 2.

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  SCIENCE

  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  ORAL COMMUNICATION

  - Applying active listening skills
  - Giving/following oral directions
  - Applying questioning techniques
  - Analyzing/applying non-verbal communication
  - Communicating with clients/customers

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INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients
- Obtaining confidence of others
- Developing esteem in self/others

CREATIVE THINKING/PROBLEM SOLVING

- Evaluating results/outcomes

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2, and Job Sheets 1, 2, and 3.

JOB SHEET 1 — CARE FOR THE POSTPARTUM PATIENT — III

OBJECTIVE 12 — **Complete postpartum fundal check.**

INTRODUCTION — Fundal checks are done and recorded as part of the daily postpartum assessment routine.

EQUIPMENT AND SUPPLIES

- Gloves

PROCEDURE

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers

Assessment and Analysis Yes No

1. Check physician's orders. _____ _____
2. Identify patient. _____ _____
3. Observe patient's condition, chart any changes. _____ _____

Planning

1. Reassure patient and explain procedure. _____ _____
2. Prepare for procedure. _____ _____

Implementation

1. Wash your hands. _____ _____
2. Put on gloves. _____ _____
3. Place patient in a supine position. _____ _____
4. Place hand on patient's abdomen, feeling for the top of fundus of the uterus. _____ _____
5. Using the patient's umbilicus as an anatomical mark, measure with fingers how far up or how far down the fundus is from the umbilicus. _____ _____

NOTE: Fundus position will be measured by finger breadths.

General Relating Skills

- Analyze/apply non-verbal communication
- Interact with clients/customers/ patients

Leadership/ Influencing Skills

- Obtain confidence of others

Cognitive Activities Skills

- Collect/record information
- Identify critical elements/issues

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Deal effectively with customers/clients

Yes No

6. Note the change each day as the fundus moves lower into the pelvic area. _____ _____

NOTE: If the mother is on oxytocin drugs or is breast feeding, involution will occur more rapidly.

8. Note any tenderness or pain in this area when palpating the fundus. _____ _____

9. Place patient in a comfortable position after the exam. _____ _____

10. Clean up:

    a. Wash your hands. _____ _____

    b. Properly dispose of equipment. _____ _____

Evaluation

11. Identify the patient's response to nursing care plans and situations. _____ _____

Documentation

12. Record procedure as u/1, meaning the fundus is one finger breadth below the umbilicus, 1/u meaning the fundus is one finger breadth above the umbilicus, or u meaning the fundus is at the umbilicus. _____ _____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Applied principles of procedure	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

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JOB SHEET 2

CARE FOR THE POSTPARTUM PATIENT

OBJECTIVE 13

Perform a daily assessment of the postpartum patient.

INTRODUCTION

The daily assessment is essential to caring for the postpartum patient. You have learned the assessment criteria and the charting requirements and can apply them during an actual assessment.

EQUIPMENT AND SUPPLIES

- Patient's chart
- Pen
- Thermometer
- Sphygmomanometer
- Gloves

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	____	____
2. Identify patient.	____	____
3. Observe patient's condition; chart any changes.	____	____
Planning		
1. Reassure patient and explain procedure.	____	____
2. Prepare for procedure.	____	____
Implementation		
1. Collect equipment.	____	____
2. Wash your hands.	____	____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Math Application Skills
- Use English & metric measures

Data Analysis and Display Skills
- Collect/record data

Functional Math Skills
- Make measurements

General Science Skills
- Use scientific instruments (thermometer, sphygmomanometer)

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Listening Skills
- Apply active listening skills

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Leadership/ Influencing Skills
- Obtain confidence of others

Cognitive Activities Skills
- Collect/record information
- Identify critical elements/issues
- Transfer knowledge/training to new situations
- Evaluate results/outcomes

	Yes	No
3. Take vital signs every four hours during day.		
a. If the temperature is 100.4° F or increased, generally infection may be indicated.	_____	_____
b. Rapid pulse may indicate infection.	_____	_____
c. Low blood pressure may indicate unusual bleeding.	_____	_____
4. Put on clean gloves.	_____	_____
5. Check breasts for fullness, engorgement, or cracked nipples.	_____	_____
6. Palpate fundus with the bladder empty and the mother lying flat on her back with her knees flexed to relieve tension on the abdomen. Assess uterus for:		
a. Firmness	_____	_____
b. Position relative to the midline and umbilicus	_____	_____
7. Assess amount and character of the lochia. Describe as "heavy," "moderate," or "scant."	_____	_____
8. Carefully examine episiotomy for hematoma formation or signs of infection.	_____	_____
9. Check lower extremities for redness, swelling, or positive Homan's sign.	_____	_____

NOTE: A negative Homan's sign does not always indicate that thrombophlebitis is absent.

	Yes	No
10. Determine the emotional status, energy level, and knowledge concerning self-care and infant care.	_____	_____

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
11. Determine if appropriate bonding is being established between infant and mother.	_____	_____
12. Clean up:		
a. Properly dispose of equipment.	_____	_____
b. Remove gloves.	_____	_____
c. Wash your hands.	_____	_____
Evaluation		
13. Identify the patient's response to nursing care plans and situations.	_____	_____
Documentation		
14. Document according to agency requirements.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS
____
____
____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Observed safety rules	4	3	2	1
Applied principles learned	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

(Date)

(Evaluator's Signature)

(Evaluator's Position)

JOB SHEET 3

CARE FOR THE POSTPARTUM PATIENT

OBJECTIVE 14

Give complete perineal care.

INTRODUCTION

Perineal care may include flushing with water using perineal bottle, applying an antiseptic solution, or assisting with a sitz bath. Perineal care of some type should be provided each time the patient voids or defecates. Not only does it cleanse the area, but it eases perineal discomfort. Perineal cold packs, analgesic sprays, or ointments may also be used to provide comfort, if ordered by physician.

EQUIPMENT AND SUPPLIES

- Bedpan
- Tissue
- Perineal pads
- Perineal bottle
- Solution, if not using warm tap water
- Gloves

PROCEDURE

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition, chart any changes.	_____	_____
Planning		
1. Reassure patient and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____
Implementation		
1. Collect equipment.	_____	_____
2. Wash your hands.	_____	_____
3. Provide privacy.	_____	_____
4. Put gloves on.	_____	_____

Listening Skills
- Apply active listening skills

Interactive Communication Skills
- Give/follow oral directions
- Apply questioning techniques
- Analyze/apply non-verbal communication
- Communicate with clients/customers

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Leadership/ Influencing Skills
- Obtain confidence of others
- Develop esteem in self/others

Cognitive Activities Skills
- Evaluate results/outcomes

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

Yes No

5. Use aseptic technique to change perineal pads by removing from front to back. _____ _____

NOTE: This is a good time to remind the patient that this is the correct technique to use.

6. Note appearance of lochia. _____ _____

7. Place bedpan under patient or assist to bathroom. _____ _____

8. Cleanse perineum after patient has voided or defecated by using one tissue for one cleansing stroke, always wiping from front to back. _____ _____

NOTE: If patient is able to use bathroom, instruct her in technique.

CAUTION: Hot solution can burn perineal area. Direct stream of cleansing solution on your inner forearm to test for warmth before flushing perineal area.

9. Direct stream of filled perineal bottle against perineum, flushing from front to back. _____ _____

10. Allow solution to run into bedpan or toilet. _____ _____

11. Pat inner thighs dry. _____ _____

12. Apply clean perineal pad from front to back. _____ _____

13. Provide for patient comfort. _____ _____

14. Remove gloves. _____ _____

15. Clean up:

    a. If accurate output is needed, deduct amount of solution used. _____ _____

    b. Wash your hands. _____ _____

    c. Properly dispose of equipment. _____ _____

Yes No

Evaluation

16. Identify the patient's response to nursing care plans and situations. ____ ____

Documentation

17. Record procedure and appearance of lochia and perineum according to agency requirements. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Operated equipment properly	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

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1 **Unskilled** – Is familiar with process, but is unable to perform job

(Date)

(Evaluator's Signature)

(Evaluator's Position)

JOB SHEET 4 — CARE FOR THE POSTPARTUM PATIENT — III

OBJECTIVE 15 **Use perineal lamp.**

INTRODUCTION

Use of dry heat for comfort after an episiotomy may be ordered by the physician. You may want to do pericare before or after using the peri lamp.

EQUIPMENT AND SUPPLIES

- Perineal lamp
- Perineal pad
- Bed pad
- Gloves

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition, chart any changes.	_____	_____
Planning		
1. Reassure patient and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____
Implementation		
1. Collect equipment.	_____	_____
2. Wash your hands.	_____	_____
3. Provide privacy.	_____	_____
4. Place patient in a 45° angle.	_____	_____
5. Uncover patient.	_____	_____
6. Place peri lamp between patients legs 12 inches from perineal area.	_____	_____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Listening Skills
- Apply active listening skills

Interactive Communication Skills
- Give/follow oral directions
- Apply questioning techniques
- Analyze/apply non-verbal communication
- Communicate with clients/customers

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/ patients

Leadership/ Influencing Skills
- Obtain confidence of others
- Develop esteem in self/others

Cognitive Activities Skills
- Evaluate results/outcomes

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

		Yes	No
7.	Put gloves on.	____	____
8.	Remove peri pads front to back.	____	____
9.	Remove gloves.	____	____
10.	Plug perineal lamp into electrical circuit.	____	____
11.	Cover patient with sheet.	____	____
12.	Leave patient on lamp for approximately 20 minutes.	____	____
13.	Remove lamp.	____	____
	NOTE: Do not place lamp on the floor because of contamination.		
14.	Replace perineal pad from front to back.	____	____
15.	Cover patient and make comfortable.	____	____
16.	Clean up:		
	a. Wash your hands.	____	____
	b. Properly dispose of equipment.	____	____

Evaluation

17.	Identify the patient's response to nursing care plans and situations.	____	____

Documentation

18.	Record procedure according to agency requirements.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Used equipment properly	4	3	2	1
Applied principles learned	4	3	2	1
Documented procedure accurately	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

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__________ (Date)

__________________ (Evaluator's Signature)

__________________ (Evaluator's Position)

WRITTEN TEST

CARE FOR THE POSTPARTUM PATIENT

III

Name ______________________ Score __________

OBJECTIVE 1

Match terms associated with postpartum to their definitions. Write the correct letter in the blank.

Part I

_____ 1. An infectious disease of childbirth; also called puerperal fever and childbed fever

_____ 2. Reddish vaginal discharge first four days postpartum

_____ 3. The development of a close emotional tie to a mate or to a newborn; also called claiming or binding-in

_____ 4. Yellowish or white vaginal discharge after tenth day postpartum

_____ 5. Temporary depression following childbirth usually appearing three days after birth; believed to be due to hormonal changes and emotional stress

_____ 6. Brownish vaginal discharge fourth or fifth day postpartum

_____ 7. Slowing or cessation of flow of blood in the veins

a. bonding
b. colostrum
c. engorged
d. involution
e. lactation
f. meconium
g. lochia
h. lochia alba
i. lochia rubra
j. lochia serosa
k. postpartum "blues"
l. prolactin
m. puerperal sepsis
n. venous stasis

May be photocopied for student use.

Part II

_____ 1. Formation and secretion of milk

_____ 2. Hormone secreted by the anterior pituitary; stimulates lactation

_____ 3. Distended or completely filled

_____ 4. Postpartum uterine discharge consisting of red and white blood cells, fatty epithelial cells, shreds of endometrium, and bacteria

_____ 5. Pasty, greenish mass that collects in intestines of fetus; consists of mucus, epithelial cells, bile, lanugo, and vernix caseosa

_____ 6. Watery, yellowish fluid, high in protein and low in carbohydrates and fats, secreted by the breasts after childbirth; acts as a laxative, which aids in expelling meconium

_____ 7. Return of the uterus to its normal size following delivery

_____ 8. Pain in the calf on dorsiflexion of the foot

a. bonding
b. colostrum
c. engorged
d. Homan's sign
e. involution
f. lactation
g. lochia
h. lochia alba
i. lochia rubra
j. lochia serosa
k. meconium
l. postpartum "blues"
m. prolactin
n. puerperal sepsis
o. venous stasis

May be photocopied for student use.

OBJECTIVE 2

Choose the word or phrase to complete statements about body changes in the postpartum patient. Write the correct letter in the blank.

_____ 1. Small cervical lacerations

- a. should be immediately reported to the physician
- b. indicate more serious uterine tears
- c. may heal spontaneously or require cauterization later
- d. require special treatment to prevent infection

_____ 2. Diaphoresis may occur for several weeks because of changes in

- a. blood pressure
- b. temperature
- c. metabolism
- d. WBC

_____ 3. Secretion of milk depends upon stimulation by the lactogenic hormone and upon

- a. heredity
- b. frequency and complete emptying of the breasts
- c. breast size
- d. estrogen and progesterone levels

_____ 4. Increased caloric and fluid intake are most essential for the

- a. young mother
- b. mother with puerperal infection
- c. mother who has hemorrhaged
- d. nursing mother

_____ 5. Incomplete emptying of breasts

- a. increases milk secretion
- b. decreases milk secretion
- c. has no effect on milk secretion
- d. speeds milk secretion

May be photocopied for student use.

_____ 6. Abdominal muscle tone will return faster if the mother

- a. gets good nutrition, adequate rest, and proper exercise
- b. concentrates on getting good nutrition and adequate rest, postponing exercise until three months after delivery
- c. returns to her pre-pregnancy lifestyle as quickly as possible
- d. uses vitamin supplements

_____ 7. One of the strongest needs in the immediate postpartum period is

- a. sleep and rest
- b. quiet
- c. physical activity
- d. company

_____ 8. The external os, vagina, labia, and perineal tone

- a. recover slowly, but can return to predelivery state
- b. do not return to the predelivery state
- c. return to predelivery state in 6 weeks
- d. recover in highly individual ways

_____ 9. The bladder may fail to empty completely, which increases the incidence of

- a. kidney infections
- b. puerperal infection
- c. bladder infections
- d. vaginal hematoma

_____ 10. The amount of lochia increases in a multigravida when ambulating for the first time after delivery or

- a. after emptying the bladder
- b. after physical activity
- c. after breast feeding
- d. when labor is extended

_____ 11. The uterus is measured in fingerbreadths in relation to the

- a. umbilicus
- b. pubic arch
- c. ilium
- d. bottom of the rib cage

May be photocopied for student use

_____ 12. The cervix of the postpartum patient is soft, flabby, and partly open; however, muscle begins to regenerate and close after

a. two weeks
b. one week
c. four weeks
d. eight weeks

_____ 13. Infection is indicated by a temperature that is

a. 100.4 F or higher on any two consecutive days, excluding first 24 hours
b. any level above normal on any two consecutive days, excluding first 24 hours
c. above 100.4 any time after delivery
d. above normal at any time after delivery

_____ 14. A rise in blood pressure is a symptom of

a. pre-eclampsia
b. mastitis
c. uterine infection
d. hemorrhage

_____ 15. Colostrum is secreted in the

a. period immediately following birth
b. first two or three days
c. first five to six days
d. first two or three weeks

_____ 16. Fall in blood pressure accompanied by rapid, thready pulse is a sign of

a. infection
b. pulmonary embolism
c. puerperal infection
d. hemorrhage

_____ 17. Colostrum contains mainly serum and

a. white corpuscles
b. lymph
c. protein
d. glucose

May be photocopied for student use.

_____ 18. Following delivery, mood changes are

a. rare
b. frequent and normal
c. a sign of postpartum psychosis
d. a sign of need for rest

_____ 19. Some new mothers experience depression or postpartum "blues" in varying degrees on about the

a. fifth day postpartum
b. seventh day postpartum
c. tenth day postpartum
d. third day postpartum

_____ 20. Non-nursing mothers will probably have the first menstrual period within

a. six weeks after delivery
b. eight weeks after delivery
c. ten weeks after delivery
d. twelve weeks after delivery

_____ 21. Blood loss during delivery decreases blood volume and may lead to

a. anemia
b. pulmonary embolism
c. thrombophlebitis
d. mastitis

_____ 22. A good postpartum pulse is

a. between 50 and 60
b. between 70 and 80
c. between 60 and 70
d. above 75

_____ 23. Around the third day the breasts may be come swollen, hard, and painful; this is called engorgement and will last

a. 12 to 18 hours
b. 18 to 24 hours
c. 24 to 36 hours
d. 36 to 72 hours

May be photocopied for student use.

_____ 24. Persistent reddish color of lochia after fourth or fifth day indicates that

a. infection is present
b. postpartum healing is taking place normally
c. uterine rupture
d. involution is not taking place or that placental fragments have been retained

_____ 25. During the first 24 to 48 hours, urine output is

a. greatly decreased
b. greatly increased
c. slightly decreased
d. slightly increased

_____ 26. During labor and early puerperium, white cell count and

a. fibrogen levels increase
b. pulse rates increase
c. blood pressure increases
d. fibrogen levels decrease

_____ 27. After lactation ceases, nursing mothers will probably have a menstrual period in about

a. two weeks
b. one month
c. six weeks
d. two months

_____ 28. Loss of abdominal muscle tone can cause

a. increased incidence of bladder and vaginal infection
b. vaginal prolapse
c. separation of abdominal muscles
d. irregular menstrual cycles

_____ 29. Afterpains may be experienced by multipara, nursing mothers, and mothers receiving

a. antibiotics
b. oxytocin medications
c. postpartum surgical intervention
d. fundal massage

May be photocopied for student use.

_____ 30. By the tenth postpartum day the uterus has descended into the pelvic cavity and

a. should not be palpable above the symphysis pubis
b. should be faintly palpable above the symphysis pubis
c. vaginal discharge should end
d. pre-birth weight should be attained

_____ 31. Estrogen and progesterone secreted by the placenta during pregnancy inhibit production of

a. uterine lining
b. lochia
c. meconium
d. prolactin or lactogenic hormone

_____ 32. After delivery, the patient's appetite is typically

a. poor
b. poor, but gradually improving
c. poor, but quickly improving
d. good

_____ 33. After delivery, distention increases the bladder's capacity and

a. diminishes the urge to empty
b. increases the urge to empty
c. increases afterpains
d. increases pressure on the womb

_____ 34. After delivery, the pulse

a. may be slower than usual and remain so for 1 or 2 days
b. may be faster than usual and remain so for 1 or 2 days
c. may take several days to stabilize
d. is an unreliable of patient status

_____ 35. Involution takes approximately

a. 2 weeks
b. 6 weeks
c. 8 weeks
d. 12 weeks

May be photocopied for student use.

_____ 36. Bowel function may be delayed due to decreased intake during labor, flaccid abdominal muscles, decreased pressure from uterus, and/or

a. fear of pain from episiotomy or hemorrhoids
b. perineal swelling
c. bladder distention
d. intestinal collapse

OBJECTIVE 3

List daily assessments of the postpartum patient. List the 14 assessments performed during each postpartum patient assessment.

1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________
6. ______________________________
7. ______________________________
8. ______________________________
9. ______________________________
10. ______________________________
11. ______________________________
12. ______________________________
13. ______________________________
14. ______________________________

May be photocopied for student use.

OBJECTIVE 4

Choose the word or phrase to complete statements about the nursing process for the postpartum patient with hemorrhage, laceration of the birth canal, vaginal hematomas, pulmonary embolism, and thrombophlebitis. Write the correct letter in the blank.

_____ 1. A patient complaining of persistent perineal pain or feeling of fullness in the vagina may be suffering from

a. cystitis
b. vaginal hematomas
c. embolism
d. cervical lacerations

_____ 2. Lacerations can be labial, perineal, or

a. anal
b. clitoral
c. cervical
d. vaginal

_____ 3. Indications of hemorrhage include rapid and/or thready pulse; decrease in blood pressure; pallor, chills, dyspnea, and air hunger; restlessness; and

a. reduced hearing ability
b. disturbed vision
c. excessive thirst
d. disorientation

_____ 4. Sudden, severe pain over her heart and severe difficulty breathing followed by extreme apprehension, syncope, pallor or cyanosis, and an irregular, feeble, or imperceptible pulse are indications of

a. pulmonary embolism
b. vaginal hematoma
c. hemorrhage
d. mastitis

_____ 5. Treatments for pulmonary embolisms include oxygen, quiet environment, analgesics, sedation, anticoagulants, bed rest, and frequent

a. vaginal packs
b. vital signs
c. blood replacement
d. applications of heat or cold

May be photocopied for student use.

_____ 6. When pulmonary embolism is present, nursing interventions include keeping the patient quiet; maintaining complete bed rest; administering Rx medications; providing support to patient and family, and

a. administering oxygen
b. fundal massage
c. providing high fiber diet
d. applying heat or cold

_____ 7. Uterine hemorrhage can be caused by uterine atony; retention of placenta fragments; multiple births; multiparity; hematological disorders (disseminated intravascular coagulation); complications of pregnancy such as tumors of the cervix or uterus; medical complications of pregnancy; and

a. infection of the genital tract
b. laceration of the birth canal
c. hematoma
d. pulmonary embolism

_____ 8. When thrombophlebitis is present, interventions include anticoagulants; prothrombin and

a. application of heat or cold; bed rest; antiembolism hose
b. application of heat or cold; antiembolism hose; antibiotics
c. antiembolism hose; antibiotics; blood replacement
d. antibiotics; blood replacement; bed rest

_____ 9. When vaginal hematomas are present, nursing interventions are limited. The nurse can observe

a. intake and output and administer Rx medications
b. drainage from vaginal pack and administer Rx medications
c. intake and output and drainage from vaginal pack
d. intake and output, drainage from vaginal pack, and administer Rx medications

May be photocopied for student use

_____ 10. Enemas and suppositories must be avoided when vaginal lacerations are classified as

a. first degree
b. second degree
c. third degree
d. fourth degree

_____ 11. Uterine hemorrhage is considered bleeding in excess of

a. 100 cc
b. 250 cc
c. 500 cc
d. 750 cc

_____ 12. Treatments for uterine hemorrhage include massaging the fundus until firm; administering oxytocic and/or Vitamin K on physician's orders; laceration repair; fluid and blood replacement; D and C or other surgery; and administering

a. painkillers
b. antibiotics
c. tranquilizers
d. ice packs

_____ 13. Vaginal laceration can be caused by forceps delivery; aseptic or unattended spontaneous delivery; congenital abnormalities of the maternal soft parts; contracted pelvis; size, presentation, and position of the fetus; prior scarring from infection; injury or surgery; the presence of vulvar, perineal, and vaginal varices; and

a. placenta previa
b. multiple births
c. fetal movement
d. abnormal uterine action

May be photocopied for student use.

_____ 14. Vaginal hematoma interventions include

a. incision and evacuation and deep sutures placed for control of bleeding; retention catheter; vaginal pack; antibiotics; analgesics
b. incision and evacuation and deep sutures placed for control of bleeding; vaginal pack; antibiotics; analgesics; blood replacement
c. vaginal pack; antibiotics; analgesics; blood replacement; stool softeners
d. incision and evacuation and deep sutures placed for control of bleeding; stool softeners; retention catheter; vaginal pack; antibiotics

_____ 15. Vaginal hematomas occur more frequently in association with forceps rotation of a fetus in an OP position and are often found

a. on the side opposite the occiput
b. in the anterior quadrant of the vagina
c. on the same side as the occiput
d. in the distal quadrant of the vagina

_____ 16. Vaginal lacerations can be assessed using data such as blood loss, pain, and

a. abdominal swelling
b. inability to void
c. a temperature over 102°
d. tremors

_____ 17. Pulmonary embolism is a

a. serious condition often originating in a uterine or pelvic vein; may occur following infection, thrombosis, or severe hemorrhage or shock
b. common condition usually originating in a uterine vein; may occur following infection, thrombosis, or severe hemorrhage or shock
c. serious condition often originating in a uterine or pelvic vein; may occur in patients suffering milk leg
d. common condition usually originating in a uterine vein; may occur following the onset of cystitis

May be photocopied for student use.

_____ 18. Nursing interventions for uterine hemorrhage include notifying the physician immediately; observing closely and massaging the fundus using correct technique; checking vital signs frequently; administering prescribed medications; recording the number of pads saturated in a given length of time; remaining with mother until crisis passes; administering oxygen and

a. preparing for surgical intervention
b. positioning the patient in the Sims' position
c. encouraging fluid consumption
d. applying heat or cold, as necessary

_____ 19. Thrombophlebitis can be caused by venous stasis, clotting defects, or excess

a. estrogen
b. serum albumin
c. fibrinogen
d. platelets

_____ 20. Thrombophlebitis is indicated by chills and fever; pain in leg; leg feels hot to touch; swelling; red streaks or local inflammation in that leg; positive

a. Homan's sign
b. Sim's sign
c. Wright's stain
d. Nikolsky's sign

_____ 21. Nursing interventions for vaginal lacerations include administering analgesics, maintaining intake and output, observing laceration closely for swelling or drainage,

a. applying heat or cold as required, assisting in reestablishing bowel habits, maintaining care of retention catheter
b. applying heat as required, maintaining care of retention catheter, and maintaining proper patient positioning
c. applying heat or cold as required, maintaining proper patient positioning, and reestablishing bowel habits
d. applying cold as required, maintaining proper patient positioning, and reestablishing bowel habits

May be photocopied for student use

_____ 22. First degree perineal lacerations involve

- a. the mucosa and skin with some fibers of the superficial musculature
- b. deeper structures of the perineum
- c. all the structures of the vaginal wall; the anal sphincter and muscles are severed
- d. all of the above and the anal wall so that the anus is laid open

OBJECTIVE 5

Choose the word or phrase to complete statements about the nursing process for the postpartum patient with puerperal infection and mastitis. Write the correct letter in the blank.

_____ 1. Puerperal infection can be caused by contact with persons with streptococci or staphylococci organisms and by

- a. vaginal packs
- b. non-aseptic technique or use of contaminated instruments
- c. uterine irregularities
- d. urinary infections

_____ 2. When mastitis is present, possible treatments include intensive antibiotic therapy, support of breast, local warm or cold packs; analgesics; and

- a. draining milk ducts
- b. incising and draining any abscesses
- c. binding the breast tightly to inhibit milk production
- d. exposing the breast

_____ 3. Initial indications of mastitis include chills, fever, malaise, and

- a. nipple fissure
- b. engorgement obstructing the milk flow
- c. breast tenderness
- d. inflammation

May be photocopied for student use.

_____ 4. Nursing interventions appropriate for patients with puerperal infection include maintaining aseptic techniques; administering Rx medications, providing support and

a. observing drainage
b. closely monitoring blood pressure
c. encouraging physical activity
d. enemas

_____ 5. Mastitis is most common in

a. multiparas who are nursing
b. non-nursing multiparas
c. primiparas who are nursing
d. non-nursing primiparas

_____ 6. Mastitis usually sets in

a. after milk flow is established
b. during colostrum production
c. during the first 2-3 nursing sessions
d. before delivery

_____ 7. Disease-producing organisms such as streptococcus or staphylococci may enter and travel up the birth canal

a. before or during labor or during postpartum
b. before labor and remain dormant until postpartum
c. during delivery
d. only during postpartum

_____ 8. Treatment for puerperal infection includes isolation, if needed; Fowler's position to promote drainage; drugs; culture of drainage and blood to determine organism; bed rest; intake and output; antibiotics; high calorie, high-vitamin diet; analgesics; and

a. fundal massage
b. catheterization
c. application of warm and cold packs
d. leg exercises

May be photocopied for student use.

_____ 9. Foul smelling lochia; continuous temperature over 100.4° F. for two days or more, excluding first twenty-four hours; chills; rapid pulse and respiration; large and tender uterus; headache; insomnia; and anorexia are indications of

a. severe puerperal infection
b. severe mastitis
c. puerperal infection
d. mastitis

OBJECTIVE 6

Choose the word or phrase to complete statements about the nursing process for the patient with postpartum psychosis. Write the correct letter in the blank.

_____ 1. Postpartum psychosis is psychosis occurring within

a. 24-48 hours after delivery
b. 2-4 weeks after delivery
c. 4-6 weeks after delivery
d. 2-3 months after delivery

_____ 2. Contributing factors to postpartum psychosis include

a. hormonal imbalance, physical fatigue, and blood loss
b. mental illness prior to pregnancy, hormonal imbalance, stresses of pregnancy, delivery, and new responsibilities of parenthood
c. mental illness prior to pregnancy, stresses of pregnancy, delivery, and new responsibilities of parenthood
d. physical fatigue, mental illness prior to pregnancy, blood loss, and stresses of pregnancy and delivery

_____ 3. Postpartum psychosis is indicated by clouding of consciousness; depression, withdrawal; hostility; fear and suspicion; feelings of inadequacy; and

a. mood swings
b. hallucinations
c. sudden bonding
d. amnesia

May be photocopied for student use.

_____ 4. In addition to providing emotional support, the nurse must provide the patient and family with education about

a. communication skills
b. stress reduction techniques
c. parenting skills
d. recommended exercises

OBJECTIVE 7

Choose the word or phrase to complete statements about providing emotional support to patient and family members when the woman does not carry the infant to viability. Write the correct letter in the blank.

_____ 1. A patient who verbally repeats an experience numerous times or asks the same questions repeatedly is

a. possibly suffering postpartum psychosis
b. in need of immediate medical evaluation
c. reacting normally
d. combating denial

_____ 2. A patient who exhibits anger toward the nurse caring for her

a. should be assigned another nurse
b. may need further physical and psychological evaluation
c. is reacting normally
d. may be exhibiting symptoms of infection

_____ 3. When faced with helping a patient who requires supportive measures due to the loss of an infant, your primary concern will be to

a. give the patient as much time alone as possible
b. make the situation as easy for the parents and family as possible
c. care for the patient's physical, rather than emotional status
d. convince the patient that things are not as bad as they seem

May be photocopied for student use

_____ 4. When assessing the situation, you might consider the woman's behavior, obstetric history, whether or not anything was done to initiate the condition, and

a. the family's response
b. who or what is to blame for the situation
c. the ages of other children
d. the family's financial status

_____ 5. In many cases, the nurse must act as a(n)

a. counselor for the patient
b. advocate to the physician about the woman's questions
c. mediator between family members
d. protector for the patient

_____ 6. Nursing care should work toward a resolution in which the woman retains a positive sense of self-esteem and self-worth and

a. plans for future pregnancies are decided upon
b. no longer mourns the loss
c. appraises the situation realistically
d. her physical and medical needs are met

_____ 7. Nursing interventions may center around

a. active listening
b. sharing your experience and knowledge with the patient
c. caring for the patient and allowing the family to deal with its grief in its own way
d. instructions from professional counselors

OBJECTIVE 8

Choose the word or phrase to complete statements about providing emotional support to the patient and family members experiencing a stillbirth, early neonatal death, or infant born with birth defect. Write the correct letter in the blank.

_____ 1. A patient who reviews the pregnancy, focusing on the event to the exclusion of all other activities, and says "I think I must be going crazy" is

a. possibly approaching psychosis
b. reacting normally
c. in need of counseling
d. probably going crazy

May be photocopied for student use.

_____ 2. In addition to helping the mother and father, the nurse may be called upon to

a. reassure close family friends
b. monitor and limit visits from other family members
c. reassure other children
d. instruct family members in appropriate and inappropriate comments

_____ 3. The mother should be encouraged to verbalize feelings and to

a. evaluate options for her future
b. meet her postdelivery physical needs
c. postpone all future plans
d. rely on the nurse as her major source of support

_____ 4. The mother's reaction may be affected by the mother's support system, the mother's age, and

a. cultural/religious influences
b. lack of privacy
c. sleep deprivation
d. whether or not she has other children

_____ 5. Suggestions that the mother focus on other children or substitute her husband and/or career for the baby

a. may be good advice, but should come from family members rather than the nurse
b. are inappropriate
c. may help the mother work past her grief
d. should be withheld for 2-3 weeks

_____ 6. To help couples face grief, keep communication open, and feel safe, the nurse should serve as a(n)

a. expert on maternal and emotional health
b. "whipping post", allowing the couple to take out aggression on the nurse
c. role model
d. advocate between the mother and father

May be photocopied for student use.

_____ 7. Nursing intervention should work toward a resolution in which the mother (and family) begins the grieving process, receive anticipatory guidance, and

a. long-range decisions are made
b. family stresses are alleviated
c. a support group is formed
d. the mother's self-esteem in maintained

_____ 8. Comments that should be avoided include

a. "You are still young; you can have other children."
b. "You must feel like you were cheated."
c. "Somehow it just doesn't seem fair."
d. "One feels so helpless, so powerless, in this type of situation."

_____ 9. Adolescents must be reassured of their femininity, of the confidential nature of conversations with nurses, that stillbirth or birth defects are not a punishment, and that

a. there are people in the community who will support her
b. they can start all over like nothing has happened
c. that perhaps it is for the best
d. the experience may serve as a lesson that will make her a better mother later

_____ 10. Nursing intervention should provide physical care and meet dependency needs in a manner that is thoughtful and

a. unhurried
b. professional
c. silent
d. business-like

May be photocopied for student use.

_____ 11. If the patient or couple wish to hold the dead baby, the nurse should

a. immediately contact the physician
b. allow the couple time alone to hold the baby
c. make infant as attractive as possible, and allow them to hold it, but stay with them
d. explain that it is not allowed

OBJECTIVE 9

Choose the word or phrase to complete statements about the advantages, disadvantages, and effectiveness of various birth control methods. Write the correct letter in the blank.

_____ 1. Advantages of the pill as a method of contraception include

a. weight gain and headaches
b. nausea and depression
c. less menstrual flow and diminished cramps
d. usually shorter menstrual periods and breakthrough bleeding

_____ 2. An advantage of the Intrauterine Device (IUD) is it

a. must be inserted each time a woman has intercourse
b. does not have to be inserted each time a woman has intercourse
c. decreases menstrual flow and cramps
d. some men say it reduces sensitivity

_____ 3. An advantage of the diaphragm is it

a. can be left in place for a year
b. must be inserted before intercourse and remain for 6-8 hours after
c. is easily displaced during intercourse
d. is not a systemic drug

_____ 4. An advantage of the condom is it

a. reduces sensitivity during intercourse
b. must be in place before intercourse
c. reduces the risk of contracting sexually transmitted diseases
d. is easily torn during intercourse

May be photocopied for student use.

_____ 5. An advantage of chemical methods of contraception is they

a. do not require a prescription
b. must be used with condoms
c. are effective for a limited amount of time
d. are risk free

_____ 6. An advantage of the rhythm method is it

a. requires accurate record keeping of fertile periods
b. can be used effectively even if periods are not regular
c. is physically risk free
d. increases the number of "safe" days for intercourse each month

_____ 7. An advantage of sterilization as a birth control method is it

a. can be reversed successfully in every case
b. is considered permanent for both men and women
c. is permanent for women, but not for men
d. is permanent for men, but not for women

_____ 8. Disadvantages of the pill as a contraceptive method include

a. diminished cramps and less menstrual flow
b. interference with sexual intercourse and nausea
c. weight gain and shorter periods
d. headaches and depression

_____ 9. Disadvantages of the Intrauterine Device (IUD) can include

a. cramping, bleeding and frequent infections
b. insertion before sexual intercourse each time
c. monthly checkups by a physician
d. weight gain and shorter periods

May be photocopied for student use.

_____ 10. A disadvantage of the diaphragm is it

a. is not a systemic drug
b. has moderate physical risks associated with its use
c. must be left in place for 6-8 hours after intercourse
d. reduces sensitivity in some men

_____ 11. A disadvantage of the condom is it

a. causes reduced sensitivity
b. reduces risk of sexually transmitted diseases
c. requires a prescription
d. has moderate physical risks associated with its use

_____ 12. A disadvantage of chemical methods is they

a. don't require a prescription to purchase them
b. have time limits of effectiveness
c. are easy to insert
d. they eliminate the risk of sexually transmitted diseases

_____ 13. A disadvantage of the rhythm method of contraception is it

a. requires a prescription form a physician
b. has no physical risks associated with its use
c. does not require a prescription from a physician
d. is based on ovulation which is usually not dependable

_____ 14. A disadvantage of sterilization as a contraceptive method is it

a. is a surgical procedure
b. is considered permanent for both men and women
c. is permanent for women, but not for men
d. is permanent for men, but not for women

May be photocopied for student use.

_____ 15. One of the most reliable methods of contraception, the pill, is

a. 92% effective
b. 95% effective
c. 97% effective
d. 99% effective

_____ 16. The IUD is not recommended for women who have

a. had two or more children
b. passed the age of 40
c. never had children
d. irregular menstrual cycles

_____ 17. The diaphragm is about 97% effective, but its effectiveness is reduced if

a. a spermicidal cream is also used
b. intercourse is repeated before removal and reapplication
c. the diaphragm becomes displaced during intercourse
d. vaginal lubrication is low

_____ 18. When used consistently and correctly, the effectiveness of the condom is

a. 88%
b. 95%
c. 98%
d. 99%

_____ 19. When used with a condom, chemical methods are

a. 85-90% effective
b. 90-92% effective
c. 92-95% effective
d. close to 100% effective

_____ 20. When couples are unable to refrain from intercourse as required to be "safe", the rhythm method's effectiveness is only

a. 20-40% effective
b. 30-60% effective
c. 50-80% effective
d. 60-80% effective

May be photocopied for student use.

_____ 21. The contraceptive method considered to be the most effective is the

a. pill method
b. condom method
c. sterilization method
d. chemical method

NOTE: Objectives 10-15 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

May be photocopied for student use.

WRITTEN TEST ANSWERS

CARE FOR THE POSTPARTUM PATIENT

III

OBJECTIVE 1

Part I		Part II			
1.	m	1.	f	8.	d
2.	i	2.	m		
3.	a	3.	c		
4.	h	4.	g		
5.	k	5.	k		
6.	j	6.	b		
7.	n	7.	e		

OBJECTIVE 2

1.	c	10.	c	19.	d	28.	c
2.	c	11.	a	20.	b	29.	b
3.	b	12.	b	21.	a	30.	a
4.	d	13.	a	22.	c	31.	d
5.	b	14.	a	23.	c	32.	d
6.	a	15.	b	24.	d	33.	a
7.	a	16.	d	25.	b	34.	a
8.	b	17.	a	26.	a	35.	b
9.	c	18.	b	27.	d	36.	a

OBJECTIVE 3

Answers must include the following:

- Vital signs
- Tremors
- Appetite
- Pain

- Urinary elimination
- Breasts and nipples; assess for beginning of lactation, presence of infection and masses; whether tender, firm, soft, or filling.
- Fundus for location and firmness
- Lochia for amount and character
- Perineum for hematomas, swelling, signs of infection, healing and whether it is intact.
- Anus for hemorrhoids and if defecation has occurred.
- Legs for redness, swelling, or positive Homan's Sign
- Emotional state
- Bonding
- Activity level

OBJECTIVE 4

1.	b	7.	a	13.	d	19.	c
2.	d	8.	a	14.	a	20.	a
3.	b	9.	d	15.	c	21.	a
4.	a	10.	d	16.	b	22.	a
5.	b	11.	c	17.	a		
6.	a	12.	b	18.	a		

OBJECTIVE 5

1.	b	6.	a
2.	b	7.	a
3.	c	8.	d
4.	a	9.	c
5.	c		

OBJECTIVE 6

1. c
2. c
3. b
4. c

OBJECTIVE 7

1. c
2. c
3. b
4. a
5. b
6. c
7. a

OBJECTIVE 8

1. b
2. c
3. b
4. a
5. b
6. c
7. d
8. a
9. a
10. a.
11. c

OBJECTIVE 9

1. c
2. b
3. d
4. c
5. a
6. c
7. b
8. d
9. a
10. c
11. a
12. b
13. d
14. a
15. d
16. c
17. c
18. c
19. d
20. d
21. c

OBJECTIVE SHEET

CARE FOR THE WELL NEONATE

IV

INTRODUCTION

Most of the infants in the neonatal unit will be mature, healthy and well formed. It will be the responsibility of the practical nurse with maternal and neonatal training to give safe, tender loving care to well infants; to teach parents skills needed to care for their baby; and to use techniques which help ensure successful infant-parent bonding. This unit provides information which will allow the student to participate in helping the neonate begin a healthy, happy life.

PREREQUISITES

Nursing Principles and Skills, Body Structure and Function, Nutrition, Pharmacology, and Units 1, 2 and 3 of *Maternal/Neonatal Care*

UNIT OBJECTIVES

After completing this unit, the student will be able to identify characteristics of well neonates, evaluate the neonate, and provide appropriate care to meet the needs of the neonate. The student will demonstrate these competencies by completing assignment sheets, job sheets and the written test with a minimum of 85 percent accuracy.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with the well neonate to their definitions.

2. Select from a list the tasks that allow adaptation to extrauterine life.

3. Distinguish between normal and abnormal characteristics of neonatal skin and musculoskeletal system.

4. Distinguish between normal and abnormal characteristics of the neonatal respiratory and circulatory systems.

5. Distinguish between normal and abnormal characteristics of the neonatal gastrointestinal and urinary systems.

6. Distinguish between normal and abnormal characteristics of the neurological, endocrine, and sensory systems.

7. Choose the word or phrase to complete statements about proper care of the neonate.

8. Assess neonatal wellness. (Assignment Sheet 1)

9. Teach neonatal care skills to parents. (Assignment Sheet 2)

10. Hold the neonate. (Job Sheet 1)

11. Suction the neonate. (Job Sheet 2)

12. Weigh the neonate. (Job Sheet 3)

13. Measure the neonate. (Job Sheet 4)

14. Use the radiant warmer. (Job Sheet 5)

15. Bathe the neonate. (Job Sheet 6)

16. Diaper the neonate. (Job Sheet 7)

17. Care for the circumcision. (Job Sheet 8)

18. Feed the neonate. (Job Sheet 9)

19. Assist with breast feeding. (Job Sheet 10)

SUGGESTED ACTIVITIES

CARE FOR THE WELL NEONATE

IV

PREPARATION

- Order materials to supplement the unit.

  NOTE: See the Suggested Resources

- Review the instructional outline for this unit. Modify time frames to suit class needs and plan activities for each class period.

- Invite guest speakers to discuss neonatal care. Potential speakers include a pediatrician or neonatal physician, La Leche League member, nurses working in nurseries.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.

- Devise games and/or crossword puzzles to reinforce terms and other information.

- Plan the student evaluation schedule.

- **HOSA** Integration:

  - Assist student in conducting a chapter service project on care of the newborn or parenting skills.

  - Develop objectives for service project and identify a theme.

  - Create a poster according to Extemporaneous Health Display rules and display it in a highly visible area.

  - Plan a community or school health project that involves disseminating pamphlets about neonatal wellness.

DELIVERY

- Discuss the unit goal.

- Invite students to recall their own experiences relating to neonatal care and relate them to unit objectives. Invite them to discuss what occurred objectively and to relate their own emotions and responses.

- Invite students to discuss historic attitudes toward the neonate, particularly focusing on how the health of an infant was evaluated. For example, for centuries, a big baby was considered a healthy baby. Also discuss historic and contemporary attitudes toward abnormal neonates. Include current news items relating to neonates with AIDS or addictions, laws affecting maternal behavior causing abnormalities, and euthanasia.

- Discuss how the medical profession's ability to deliver and care for increasingly smaller and weaker children affects the nursing profession.

Objective 1: Match terms associated with the well neonate to their definitions.

- Discuss the unit goal.

- Discuss terms associated with well neonates.

- Develop and use crossword puzzles to reinforce terms.

- Develop and use word searches.

- Play a jeopardy-style game to reinforce terminology.

- Since students will be asked to describe these terms to parents and siblings, have students devise definitions most helpful to parents and for use with siblings of various ages.

- If possible, allow students unfamiliar with infant care to see and smell infant stools and regurgitations.

- Discuss abnormal stool odors and appearances and what they indicate.

Objective 2: Select from a list the tasks that allow adaptation to extrauterine life.

- Use a chart to explain differences between intrauterine and extrauterine life.

- Use an anatomical chart to show structural differences in intrauterine life versus extrauterine life.

- Discuss tools and procedures used to aid neonates unable to adapt to extrauterine life.

- Discuss how maternal and paternal instincts help the infant adjust to extrauterine life.

- Demonstrate the correlation between gestational age and adaptation to extrauterine life.

- Discuss changes in hospital nursery policies that

  – Encourage bonding between parent and child, grandparent and child, and sibling and child;

  – Include both parents more actively in the nursery care of the infant; and

  – Meet individual neonatal wants and needs.

Objective 3: Distinguish between normal and abnormal characteristics of neonatal skin and musculoskeletal system.

Objective 4: Distinguish between normal and abnormal characteristics of the neonatal respiratory and circulatory systems.

Objective 5: Distinguish between normal and abnormal characteristics of the neonatal gastrointestinal and urinary systems.

Objective 6: Distinguish between normal and abnormal characteristics of the neurological, endocrine, and sensory systems.

- Visit a nursery to assess a normal neonate.

- Have students assess how abnormalities in one area can affect the development and appearance of another.

- Point out to students that neonatal and pediatric care of young children is especially challenging since the patients are unable to verbalize or indicate how they feel.

- Discuss the importance of various scales and ratings.

- Discuss how routine procedures such as circumcision may affect neonatal behavior and responses.

- Allow students to chart a series of neonatal evaluations and evaluate the neonate's condition.

- Discuss care of neonates with common abnormalities.

- Using models, allow students to practice neonatal evaluations.

- Have students complete Assignment Sheet 1 to practice assessing neonatal wellness.

- Discuss the use in prenatal testing in helping assess probable neonatal status and how this improves health care delivery.

Objective 7: Choose the word or phrase to complete statements about proper care of the neonate.

- Role-play caring for neonates.

- Role-play improper care of neonate and ask students to identify what's wrong.

- Discuss changes in neonatal care. Many students will find that routine care has changed since their own children were born. Have them discuss the following: feeding on demand, sibling access to the neonate, use of powder/lotion, circumcision, and length of neonatal hospital stay.

- Discuss cultural differences in infant care. For example, in many parts of Africa and the Middle East, female circumcision is routine. In some parts of the world, infant blood testing is avoided.

- Arrange for students to watch a parenting skills class, either in person or by videotaping the class. Have students identify the areas in which parents are well informed and those areas in which parent instruction is most important. If possible, allow them watch tapes of classes with parents of various ages and compare parenting skills between younger and more mature parents.

- Role-play teaching parents to care for neonates. If possible, video tape role-playing and play back for class to analyze and/or critique. Provide students with a variety of situations, including a teenage mother, an experienced mother who does not agree with hospital policies, a single mother experiencing depression, and an interfering grandmother.

- Have students complete Assignment Sheet 2 to let them practice teaching neonatal care skills to parents.

- Demonstrate new tools students may be unfamiliar with.

- Ask students to discuss their feeling/fears about caring for infants.

APPLICATION

Objective 8: Assess neonatal wellness.

- Demonstrate skills to be learned.

- Practice skills in laboratory simulations.

- Have students complete Assignment Sheet 1.

Objective 9: Teach neonatal care skills to parents.

- Following HOSA guidelines, have students make a videotape, brochure, or other parent instruction product.
- Have students review and critique the parenting instruction they received when their children were born.
- Have students review and critique packaged parenting instruction.
- Invite a home nurse to discuss parenting instruction.
- Have students complete Assignment Sheet 2.

Objective 10: Hold the neonate.

- Review various holds and their usefulness.
- Review the use of various child carriers.
- Review swaddling and its usefulness.
- Have students complete Job Sheet 1.

Objective 11: Suction the neonate.

- Review the reasons for suctioning, proper techniques, and what responses to expect from the infant.
- As students practice suctioning, have them practice instructing parents in the procedure.
- Have students complete Job Sheet 2.

Objective 12: Weigh the neonate.

- Review the use and reading of various scales.
- Demonstrate how to easily dress an infant. Show students that infants will fight less if clothing is not pulled down over the face.
- Warn students that many infants dislike being weighed.
- Have students practice the procedure.
- Have students complete Job Sheet 3.

Objective 13: Measure the neonate.

- Review reading a tape measure.
- Discuss how to handle a moving baby.
- Have students locate the points on the head and heel at which the measure should be placed and read.
- Have students watch experienced nurses complete the procedure.
- Have students complete Job Sheet 4.

Objective 14: Use the radiant warmer.

- Review uses of the radiant warmer.
- Have students practice discussing the use of the radiant warmer. Explain that some family members may mistake it for other equipment and react with fear that something is wrong.
- Allow students to examine and activate the equipment.
- Research and provide handouts on radiant warmers and problems that might occur if they are not used correctly.
- Review safety considerations.
- Have students complete Job Sheet 5.

Objective 15: Bathe the neonate.

- Remind students they must be familiar with two procedures: sponge bathing the newborn and tub bathing the infant after the umbilicus dries and falls away.
- Have students discuss "tricks" they used with their own children.
- Invite an experienced nurse to demonstrate procedures, methods and equipment, and helpful tips.
- Review safety considerations.
- Review assessments which can be made as the baby is bathed.
- Have students complete Job Sheet 6.

Objective 16: Diaper the neonate.

- Review the use of disposable diapers, cloth diapers, and diaper wraps.
- Review proper disposal procedures.
- Discuss the use of ointments, powders, and lotions.
- Review diaper rash and other diaper area problems.
- Remind students that they may be called upon to teach this basic care procedure to parents, but that they may also be called upon to clarify questions experienced mothers and grandparents may have about changes in procedures.
- Now that siblings are allowed more access to the infant, they may be curious about diapering the infant. Discuss how best to handle this.
- Have students complete Job Sheet 7.

Objective 17: Care for the circumcision.

- Discuss the reasons for circumcision.
- Discuss the procedure.
- Remind students that they must be able to care for the infant and to instruct parents on care procedures. As the students learn how to care for the circumcision, have them practice instructing others also.
- Relate circumcision care to other surgical care for infants.
- Have students complete Job Sheet 8.

Objective 18: Feed the neonate.

- Review various formula types and procedures.
- Review whether or not formula should be heated and heating methods. Explain that microwave ovens do not heat the milk evenly and are not recommended because serious burns can result.
- Discuss other fluids fed to infants.
- Review methods of instructing parents on proper sterilization and preparation of formula.

- Review proper positioning.

- Review proper burping procedures.

- Review feeding instructions for an older baby. Students will be expected to provide this information to parents.

- Compare scheduled and on-demand feeding.

- Have students prepare a brochure or poster of proper feeding techniques following HOSA guidelines.

- Have students provide infant feeding instructions to a local baby sitting class or youth group.

- Have students complete Job Sheet 9.

Objective 19: Assist with breast feeding.

- Review proper nursing techniques. Explain that the infant's mouth must cover most of the areola and that the breast should be moved away from the infant's nose.

- Instruct students in proper hand expression, breast pump, and breast milk storage procedures.

- Invite a member of the La Leche League to discuss nursing.

- Review normal and abnormal breast appearances.

- Invite students who breast-fed their babies to discuss why they chose to do so, problems they encountered, and benefits they realized.

- Review information students will need to share with mothers concerning breast feeding and working, nursing in public, and physical changes to the mother brought on by nursing.

- Have student complete Job Sheet 10.

EVALUATION

Pretest

- Give written test as pretest.

- Determine individual study requirements from pretest results.

- Counsel students individually on pretest results and study requirements.

- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on assignment sheet activities.
- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and reevaluate if necessary.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give the written test.

  NOTE: The written test may be given in sections if desired.

- Complete appropriate sections of competency profiles.
- Reteach and retest if necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Computer Software

- *New Baby Care Software*, Opportunities for Learning, Inc., 941 Hickory Lane, Department XN, PO Box 8103, Mansfield, OH 44901-8103, 419-589-01700., covers diet, feeding, bathing and hygiene, skin care, sleeping habits. Includes section reviews, software, teacher's guide and user's manual. For use on Apple 48K (order #NBCS-NU) or IBM 64K (order #NBCA-NU).

Electronic Media

- *Care For Two: Baby and You* (241-8644F) Proctor & Gamble
- *New Baby Care Videotape*. Opportunities for Learning, Inc., 941 Hickory Lane, Department XN, PO Box 8103, Mansfield, OH 44901-8103, 419-589-01700. 23-minute video from filmstrip with script covers normal infant care, including bathing, cord care, diaper rash, cradle cap, sleeping, feeding, carrying, and others.

- The videos listed below can be ordered from Medcom, Inc., P.O. Box 3225, Garden Grove, CA 92642. Phone (800) 854-2485.
  - *The Nursing Care of the Newborn: The First 12 Hours of Life*
  - *Introduction to Infant Care*
  - *Bathing the Baby*

Models

- Models of fetal development, birth stages, and the neonate, as well as teaching manikins are available through Armstrong Medical Industries, Inc., PO Box 700, Lincolnshire, IL 60069-4220, 1-800-323-4220, FAX # 708-913-0138.

Print Media

- The three publications listed below are published by the Division of Neonatal Medicine, Department of Pediatrics, University of Virginia Medical Center, Charlottesville, VA 22908:
  - *Fetal Evaluation and Immediate Newborn Assessment* (Book I)
  - *Complex Newborn Care* (Book II)
  - *Newborn Care - Concepts and Procedures* (Book III)
- *Clinical Education Notebook Charts.* An eighteen page set of colored pictures of normal and abnormal pediatric and obstetrical conditions. Ross Laboratories, Ross Educational Services Department, Clinical Education Aids, Columbus, OH 43216
- *Infant Care.* U.S. Department of Health and Human Services, DHHS Publication No. HRS-M-CH-89-2, July 1989. Available through the Resource Center, Oklahoma Department of Vocational and Technical Education, 1500 West Seventh, Stillwater, OK 74074.

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OBJECTIVE 1

Match terms associated with the well neonate to their definitions.

- **circumcision** – surgical removal of a portion of the foreskin of the penis
- **eructation** – producing gas or fluid from the stomach; belching, or "burping"
- **fontanel** – a soft spot lying between the cranial bones of the skull of the neonate
- **lanugo** – downy hairs on the body of the neonate
- **meconium** – the first stool of the newborn; a sticky, tar-like, blackish green, odorless material
- **milia** – small white areas on the skin caused by retention of sebaceous gland secretions
- **mongolian spots** – areas resembling bruises which appear naturally over the lower back and buttocks of dark-skinned infants
- **neonate** – an infant during the first four weeks of life
- **phenylketonuria test (PKU)** – reveals the presence or absence of a hereditary disease which causes mental retardation
- **regurgitation** – return of formula from the stomach to the mouth
- **transitional stool** – changes in the color and consistency of the newborn stool in response to the feeding pattern
- **vernix caseosa** – a white oily material covering the skin of the newborn infant

OBJECTIVE 2

Select from a list the tasks that allow adaptation to extrauterine life.

By term, the infant's anatomic and physiologic systems have developed enough for viability separate from the mother. Many biologic changes occur at birth to make it possible for transition from intrauterine life to extrauterine life and establish future growth and development. The neonatal period, from birth to 28 days of life, represents a time of extraordinary change for the newborn.

The neonate must adapt to extrauterine life by accomplishing the following physiologic tasks:

- Establishing and maintaining respirations
- Ingesting, retaining and digesting food
- Eliminating wastes
- Regulating temperature
- Regulating weight

OBJECTIVE 3

Distinguish between normal and abnormal characteristics of neonatal skin and musculoskeletal system.

The Skin

- Normal characteristics
  - Color is reddish pink and very smooth.
  - May be covered with vernix and lanugo which may be present in varying amounts
  - Milia may be present over the nose.
  - Fingernails and toenails are present.
  - Neonates do not perspire as adults do and may become overheated.
  - Mongolian spots, bluish yellow discolorations resembling bruises may appear across the buttocks and lower back of dark-skinned infants.

- Abnormal characteristics

  NOTE: The following are variations which are not normal, but which generally resolve without intervention.

  - **caput succedaneum** – A collection of fluid within the scalp tissue
  - **cephalhematoma** – A collection of blood between the scalp and the skull
  - **forceps marks** – Caused by the use of the delivery forceps
  - **nevus flammeus** – A reddish discoloration of the face or neck due to excessive blood vessels near the surface of the skin. These are known to the public as "stork bites."
  - **molding** – The head of the infant is molded because of pressure of the head on the cervix during labor; often accompanied by swelling of the scalp.

The Musculoskeletal System

- Normal characteristics

  - Good muscle tone and will hold the extremities in a flexed position most of the time
  - Skeletal muscles will develop as the baby exercises.
  - The baby exercises very naturally by first waving its arms and legs as it cries and by trying to lift its head when placed in the prone position. Gradually, other muscles are strengthened as the neurological system matures, allowing the baby to gain control of the muscles.
  - Bones are soft and pliable.

    NOTE: Sometimes fractures of the extremities or clavicle occur during birth; but because the bones "bend" easily, fractures are not frequent.

- Abnormal characteristics
  - A "floppy" or "rag doll" appearance
  - Decreased or absent movement of any extremity
  - Unusual alignment of extremities
  - Extremities which are not equal in length
  - Skin folds over the buttocks and thigh are not the same on both legs (may be due to hip displacement).

OBJECTIVE 4 **Distinguish between normal and abnormal characteristics of the neonatal respiratory and circulatory systems.**

The Respiratory System

- Normal characteristics
  - Baby breathes quietly and air is drawn equally into both lungs, causing the chest to rise evenly on both sides.
  - Baby uses little effort to breathe and breathes through the nose.

    NOTE: Nasal breathing is required for successful feeding.
  - Rate of the breathing changes with activity.
  - Average respiratory rate of 30-50 breaths per minute when quiet.
  - Irregular breathing
- Abnormal characteristics
  - Grunting respirations – when the baby breathes out, a sound like "uh" will occur with each breath
  - Breath sounds that are not equal on both sides of the chest
  - Retractions of the chest wall
  - Mouth breathing
  - Dilatation of the nares

  - *Sustained* respirations above 60 per minute when the baby is quiet

  - Respirations lower than 20 breaths per minute

  - Only one side of the chest rising when the baby breathes

The Circulatory System

- Normal characteristics

  - Hands and feet of a newborn well neonate may be cyanotic but as the circulatory system stabilizes, this condition should subside. Even when the hands and feet are blue, the trunk of the body and the mucous membranes should be pink.

  - The umbilical cord contains three blood vessels, two umbilical arteries and one umbilical vein. If one blood vessel is missing, some part of the infant may not have received nourishment and may not have developed. Always check the umbilical cord for three blood vessels. The umbilical cord must be kept securely clamped until the cord is dry.

  - Average heart rate of 120 to 180 beats per minute. The heart rate will go up when the baby is active and slow down when the baby is quiet.

  - Low prothrombin levels

    NOTE: Prothrombin is a part of the blood which helps it to clot quickly. Vitamin K is usually injected into the baby's muscle to help clotting even if the baby is well.

  - A surplus of red blood cells. The baby's body gets rid of these cells by breaking them down. The jaundice produced by normal breaking down of cells is called physiological jaundice and is not usually seen before baby is 48 hours old.

- Abnormal characteristics

  - Cyanosis or pallor of the mucous membranes or trunk of the body; the baby looks "dusky"

  - Cyanosis of the extremities which does not resolve

  - A heart rate above 180 beats per minute when the infant is resting

  - Jaundice of the skin and/or sclera before 48 hours of age

OBJECTIVE 5

Distinguish between normal and abnormal characteristics of the neonatal gastrointestinal and urinary systems.

The Gastrointestinal System

- Normal characteristics
  - Open from the mouth to the anus
  - The first stool, meconium, is a blackish green, sticky substance.
  - When the infant begins to digest milk products, a mixing of milk curds and meconium produces a greenish-yellow material called transitional stool.
  - After the meconium is completely expelled, the milk stools are yellow and soft.
  - Passing a stool does not cause the infant discomfort.
  - If the baby is jaundiced and the Bili Lite is used, the stools become green and may be semi-liquid.
  - The lips, cheeks and palate of the baby are complete, enabling the infant to suck vigorously.
  - The infant swallows easily without drooling, choking, or respiratory distress.
  - Small regurgitations may be noted after feedings or when the baby eructates. This is not the same as vomiting and is considered to be normal.
- Abnormal characteristics
  - No meconium stool passed within the first 24 hours after birth.
  - Passage of a hard stool or "plug"
  - Frequent watery stools (diarrhea)
  - Absence of normal lip tissue
  - A hole in the palate of the mouth
  - Choking or respiratory distress while eating
  - Excessive drooling

  - Abdominal distention
  - Absence of the anal opening
  - Repeated vomiting of feedings

The Urinary System

- Normal characteristics
  - Urination within the first 24 hours following birth

    NOTE: Often the first urination occurs at the time of delivery.

  - Large amounts of uric acid in the first voiding may cause a rusty red stain on the diaper.
- Abnormal characteristics
  - Absence of urination within 24 hours of birth
  - Urination from abnormal openings. Sometimes, urination will occur from the under side or upper side of the penis rather than the end of the penis. This is a developmental defect which requires special treatment.

    NOTE: The male infant must be observed for abnormal openings along the shaft of the penis before he is circumcised because the foreskin that will be removed during the circumcision must be left intact for repairing the defect.

OBJECTIVE 6 **Distinguish between normal and abnormal characteristics of the neurological, endocrine, and sensory systems.**

The Neurological System

- Normal characteristics
  - Neonate cries lustily with normal pitch and duration.
  - Baby is able to coordinate sucking, swallowing, and breathing.

    NOTE: This activity allows the baby to feed without choking and aspirating food into the lungs.

  - Coughing, sneezing, and gagging reflexes are present.

- Movement may be jerky and poorly coordinated because the nervous system is immature.
- Two fontanels which can be felt by palpating the head. The anterior fontanel is found on the top of the head at the junction of the parietal bones. The posterior fontanel is found in the occipital area.
- Neither lethargic nor irritable and responds well to a full stomach and a gentle touch.
- Sleeps most of the time.
- The baby's temperature regulation mechanism located in the brain is unstable for several days. Normal axillary temperature should range between 96.5° and 98.6° F. Nursing intervention may be necessary to maintain body temperature near 98°F.

- Normal neuromuscular reflexes

  The well baby has a variety of neuromuscular reflexes present. The following reflexes are usually tested:

  - **Rooting reflex** – Gently stroke the baby's cheek. The baby will turn its head toward the side being stroked.
  - **Moro reflex** – Startle the baby by making a loud noise. The baby will extend its arms, draw up its legs and may cry.
  - **Tonic neck reflex** – Place the baby on its abdomen. Turn the baby's head to one side. Generally the baby will extend its arm on the same side and flex the arm on the opposite side.
  - **Sucking reflex** – When the lips are touched, the infant will make a sucking motion.
  - **Swallowing reflex** – Food that reaches the posterior portion of the tongue will be swallowed.

    NOTE: Gag, cough, and sneeze reflexes are also present in order to maintain a clear airway if normal swallowing does not occur.

- Abnormal characteristics
    - A high-pitched cry
    - A weak cry
    - Continuous irritable crying
    - Poor sucking reflex
    - Choking and difficulty in swallowing
    - Absence of neuromuscular reflexes
    - Hyperactive responses and irritability
    - Absence of a fontanel

The Endocrine System

The endocrine system is difficult to assess in a newborn; however, two special assessments are made on the neonate's blood.

- **PKU test** – After the baby has ingested protein (from milk) for 24 hours, blood is collected and sent to the lab. Some babies cannot metabolize phenylalanine which is one of the amino acids contained in protein foods. The blood specimen will reveal whether or not the infant will be affected. Affected babies are said to have phenylketonuria (PKU). Excessive build-up of phenylalanine in the body causes severe mental retardation. Infants with PKU must be fed a special diet.

- **T3/T4** – The blood test for hypothyroidism, which can cause mental retardation. Replacement therapy with thyroid hormone begins by six weeks of life.

The Sensory System

- Normal characteristics
    - **Vision** – Limited; ability to coordinate eye movements is not fully developed. Some psychologists feel that the baby soon recognizes and enjoys the sight of the parents' faces. The eyes are bright and free of drainage.

      The law requires treatment of the infant's eyes with an anti-bacterial medication to prevent infections that can be transferred from the mother to the baby. However, the baby's eyes may become infected through other sources even though eye treatment is given at birth.

  - **Hearing** – Very acute and loud noises startle the baby. The baby's ears should be well formed. There should be no drainage from the ears.
  - **Touch** – Well developed at birth. The ability to be calmed and the sucking and rooting reflexes are elicited by touch.
  - **Taste** – Taste buds are developed and functioning before birth. An infant will turn away from a bitter flavor, but readily accepts sweet flavors such as milk or glucose water.
  - **Smell** – Present as soon as the amniotic fluid is cleared from the nasal passage. The infant recognizes the smell of breast milk.
- Abnormal characteristics
  - Drainage from the eyes or ears
  - Poorly shaped ears with decreased cartilage
  - Dull or "cloudy" appearance of the eyes
  - Failure to react to bright lights or loud noises

OBJECTIVE 7

Choose the word or phrase to complete statements about proper care of the neonate.

Routine nursing care for well neonates includes the following:

- **Maintain a safe environment for the infant.**
  - Wash your hands before and after caring for each infant.
  - Remove jewelry from your hands and keep your fingernails short to protect the infant's skin.
  - Do not work in nursing when you have a cold, diarrhea, or any other infectious disease.
  - Never leave the infant unattended. Visual and auditory contact should be maintained. (It is difficult for the infant to press the nurse call button.)
  - Never leave side rails down.
  - Place the newborn on his/her side after feeding.

  - Avoid extremes in room temperature in the nursery.
  - Avoid cross contamination.
  - Properly clean equipment between uses.
- **Provide for emotional needs of the infant.**
  - Handle the baby gently and calmly.
  - Touch and talk to the infant. Baby talk and nonsense are acceptable because babies love sounds, not sense. Hold the baby securely and close to your body.
  - Promote infant-parent bonding whenever possible.
- **Provide physical care to the infant**

  NOTE: Refer to the job sheets in this unit for the procedures below.

  - Bathe (include cord care).
  - Feed (bottle).
  - Assist to breast feed.
  - Diaper (include circumcision care).
  - Take vital signs.
- **Record your observations and nursing interventions.**
- **Report any abnormal findings to the charge nurse.**

ASSIGNMENT SHEET 1

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records

  WRITING

  - Completing forms and records

  SCIENCE

  - Investigating/applying principles of human development
  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

  ORAL COMMUNICATION

  - Communicating with supervisors

  INTERPERSONAL OR RELATING

  - Interacting with supervisors

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information
- Identifying critical elements/issues
- Developing an action plan

EMPLOYABILITY

- Mastering a specific job task/procedure
- Dealing effectively with supervisors

- If students have difficulty gaining factual information:
  - Suggest they read carefully noting key words and ideas.
  - Instruct them to list the questions they hope to answer.
- If students have difficulty interpreting and/or completing forms and records:
  - Examine the structure of the forms being used.
  - Review the terminology on the form.
  - Stress the importance of accurate, legible records.
  - Suggest they review the unit on documentation in *Nursing Principles and Skills*.
- If students have difficulty investigating/applying principles of human development:
  - Discuss the importance of understanding human development in becoming a professional nurse.
  - Discuss the development of the neonate.
  - Review relevant units of the text.
- If students have difficulty investigating/applying principles of anatomy/physiology:
  - Review the body systems method for assessing the neonate
  - Discuss the importance of understanding the principles of anatomy/physiology in assessing the condition of the neonate.

- If students have difficulty investigating health issues:
  - Discuss the health issues that could affect the neonate.
  - Discuss the importance of being able to investigate health issues to early detection and treatment of any problems.
- If students have difficulty communicating, interacting or dealing effectively with supervisors:
  - Discuss the role of the supervisor.
  - Be sure the students understand what is expected of them.
  - Stress the fact that the supervisor is able to provide help and information.
  - Discuss the importance of this skill in any work situation.
  - Review communication and interpersonal or relating skills.
- If students have difficulty collecting/recording information:
  - Discuss the types of information that are needed to make a neonatal assessment.
  - Discuss the importance of recording information accurately.
- If students have difficulty identifying critical elements/issues:
  - Instruct them to read or examine their sources carefully, noting key words and ideas.
  - Instruct them to listen or watch carefully for indications that suggest a critical issue is being presented.

- If students have difficulty developing an action plan:
  - Instruct them to list their goals.
  - Discuss the steps necessary to attain the goals.
  - Instruct them to arrange the steps in a logical order.
- If students have difficulty mastering a specific job task/procedure:
  - Emphasize the fact that practice makes a person proficient and proficiency makes a person confident.
  - Suggest they study each component of the procedure to determine which area is causing difficulty.
  - Review the entire procedure.
  - Team them with proficient students or professionals to practice the procedure.

ASSIGNMENT SHEET 2

Development of:
READING SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, oral communication, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information

  ORAL COMMUNICATION

  - Making informative presentations
  - Giving/following oral directions
  - Communicating with co-workers

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INTERPERSONAL OR RELATING

- Interacting with co-workers

EMPLOYABILITY

- Mastering a specific job task/procedure
- Developing self-confidence/esteem
- Developing effective leadership
- Dealing effectively with co-workers

- If students have difficulty making informative presentations:
  - Remind them that being prepared is the best way to handle nerves and insure a successful presentation. Encourage them to practice in front of a mirror, for their families and close friends before they make the speech in class.
  - Explain that being nervous is a natural part of making a speech. The fear will go away within 30 seconds after they start.
- If students have difficulty giving/following oral directions:
  - Review the steps of the procedure.
  - Arrange the directions in a logical sequence.
  - Discuss the importance of giving/following directions precisely.
  - Review communication skills.
- If students have difficulty communicating, interacting or dealing effectively with co-workers:
  - Explain the importance of teamwork.
  - Suggest that workers trade jobs in order to better understand how to assist one another.
  - Review listening skills, questioning techniques, giving/following directions, and non-verbal communication.

- If students have difficulty developing self confidence/esteem:
  - Remind them that practice makes a person proficient and proficiency makes a person confident.
  - Discuss the importance of self-esteem in all areas of life.
  - Stress the fact that being adequately prepared will increase confidence.
- If students have difficulty developing effective leadership:
  - Discuss the importance of effective leadership.
  - Discuss the characteristics of a good leader.
  - Suggest they study the actions of a person they consider a good leader.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1.

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ASSIGNMENT SHEET 1

CARE FOR THE WELL NEONATE

IV

Name ______________________ Score __________

OBJECTIVE 8 **Assess neonatal wellness.**

INTRODUCTION

You have been given information about assessing a baby using the body systems method. However, when you are working with a baby, it seems more logical to assess the baby from head to toe; therefore, you will need to shift the information from body systems to areas of the body. Head-to-toe assessment is useful every day, and you will be able to perform the assessment quickly after you have practiced several times.

DIRECTIONS

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

If possible, obtain permission to complete an assessment on a neonate in your local facility. If you know of a neonate recently returned home in your area, perhaps the parents will allow you to use their baby to practice assessment skills. If a baby is not available, check with your instructor about information from other resources. Your instructor will give you the *Newborn Maturity Rating and Classification* form that you will need to complete this assignment.

Assessment and Analysis

EXAMPLE:

Baby's History Normal Abnormal

EXAMPLE:

Normal	Abnormal
• Mother had an uncomplicated labor or pregnancy, labor and delivery	• Mother's pregnancy, delivery was complicated
• Baby has been well since birth	
	• Baby has had special needs since birth
• Baby is term	• Baby's gestational age is less than 37 weeks or more than 42 weeks

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APGAR Score ______

Gestational Age Assessment Scale (side 1) SCORE __________
If already assessed, review score.

- Head ______________________________
- Neck and chest ______________________________
- Upper extremities ______________________________
- Abdomen ______________________________
- Back ______________________________
- Genitalia ______________________________
- Lower extremities ______________________________

Planning

After making the assessment, you must to decide how you are going to use this information, or develop a plan of care. Use your plans to meet the baby's needs, such as feeding, providing for the baby's comfort, etc. These activities are the skill performances, or nursing implementations.

Implementation

If a review of either the maternal or infant history indicates a complication, the nursery staff must be alerted. Interventions are made for early detection and treatment of problems. Your responsibilities are to:

- Notify the nursery supervisor that a baby (pre-term or post-term) who may have special needs is in the nursery.
- Make frequent assessments of the baby's condition.
- Notify the nursery supervisor if there is a change in the baby's condition.
- Record the notification and assessments.
- Proceed with routine care.

Interactive Communication Skills
- Communicate with supervisors

General Relating Skills
- Interact with supervisors

Cognitive Activities Skills
- Collect/record information
- Identify critical elements/issues
- Develop an action plan

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Deal effectively with supervisors

ASSIGNMENT SHEET 2

CARE FOR THE WELL NEONATE

IV

Name ______________________________ Score ____________

OBJECTIVE 9

Teach neonatal care skills to parents.

You will want to feel that neonates in your care will continue to receive tender, loving care from parents who have good infant care skills and feel capable of caring for the baby. Teaching infant care to parents is a very important responsibility. You will want to use all of the teaching skills you have learned.

Guidelines

- The physician may have special ways for parents to perform infant care. You should direct your teaching to meet the physician's orders. Keep in mind that there are many ways to care for infants successfully.
- Use every opportunity to make the parents feel capable. Give positive strokes frequently.
- Do not attempt to teach parents skills they have already acquired. You should assess the parents' present level of skills first. Then develop a teaching plan in areas of new skills and information as needed.
- Infant care skills frequently taught to parents are bathing, cord care, circumcision care, feeding, taking the temperature, proper clothing, safety factors, and the importance of immunizations. The importance of fulfilling the baby's emotional needs should be emphasized. There may be other skills taught in the area where you are working. Most of these skills are covered in the job sheets that follow. You will improve your own knowledge as you review the procedures to teach parents.
- Teaching parents to care for their baby is a real challenge. You will need good communication skills and a real interest in both the infant and the parents. You must always be sure that you are teaching correct concepts. You have been given basic teaching steps in *Nursing Principles and Skills*, Unit 3. You should review those procedures and guidelines.

Now that you have reviewed the teaching steps you will be ready to begin this assignment.

Reading Comprehension Skills
- Gain factual information

Oral Presentation Skills

Make informative presentations

Interactive Communication Skills
- Give/follow oral directions
- Communicate with co-workers

General Relating Skills
- Interact with co-workers

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Develop self confidence/esteem
- Develop effective leadership
- Deal effectively with co-workers

DIRECTIONS

Scan the skills listed below. Select a skill you wish to teach. Limit your teaching to a 10 minute-session. Using the correct steps, teach a classmate the skill.

- Bathing (Includes cord care and genitalia care)
- Feeding (Includes formula preparation and burping)
- Diapering (Includes circumcision and skin care)
- Holding the infant (Includes meeting infant's emotional needs)
- Safety
  - Use of bulb syringe
  - Use of thermometer
  - Use of infant car seat
  - Importance of immunizations and record keeping

Following the teaching, you should get a critique of your material. This can be accomplished by:

- Having the classmate "parent" repeat the instructions to a third person who was present during the teaching.
- Asking the instructor to critique your teaching.
- Video taping the teaching so that your instructor or classmates can critique it at a later time.

If the teaching was unsatisfactory or if your "parent" failed to learn the skill, you should repeat the teaching.

If the teaching was accomplished with satisfactory results, you are ready for "real" parents. When you are assigned to the obstetrical unit, ask for a teaching assignment. Remember to have it critiqued in a manner acceptable to your instructor so that you may obtain credit for doing the teaching.

CARE FOR THE WELL NEONATE

ASSIGNMENT SHEET 1

Answers will vary by situation/location.

ASSIGNMENT SHEET 2

Evaluation of student's teaching should reflect how well the student:

- Communicated
- Provided accurate information
- Displayed a caring attitude toward family and neonate
- Prepared
- Organized information and materials
- Used the time allotted

JOB SHEETS 1 & 2

Development of:
READING SKILLS
WRITING SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  ORAL COMMUNICATION

  - Giving/following oral directions
  - Analyzing/applying non-verbal communication
  - Communicating with clients/customers/patients

  INTERPERSONAL OR RELATING

  - Analyzing/applying non-verbal communication
  - Interacting with clients/customers/patients

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with clients/customers/patients

- If students have difficulty following written instructions:
  - Discuss the possible consequences of not following instructions precisely.
  - Have them read the instructions several times, noting the key words and ideas.
- If students have difficulty analyzing/applying non-verbal communication:
  - Discuss some ways in which patients reveal information non-verbally.

    EXAMPLES:

Facial expression	Tone of voice
Mannerisms	Body position
Movements	

  - Discuss some ways in which the students can convey information non-verbally.
  - Discuss the importance of non-verbal communication in handling the neonate.
- If students have difficulty communicating with clients/customers/patients:
  - Suggest they role play patient communication scenes, focusing on the patient's expectations and perspective.
  - Discuss the importance of courtesy and how it affects nurse/patient communication.

- If students have difficulty interacting with clients/customers/patients:
  - Have them identify their responsibilities as an employee and discuss how their actions meet those responsibilities.
  - Suggest phrases they can use regularly and have them practice the phrases, noting volume, grammar, and intonation.
  - Discuss the importance of body language and posture.
  - Suggest to students that, when dealing with a patient, they concentrate on the patient rather than working on other tasks.
- If students have difficulty practicing good work habits/attitudes:
  - Define good work habits for this procedure.
  - Stress the importance of good work habits/attitudes in obtaining and retaining employment.
- If students have difficulty dealing effectively with customers/clients/patients:
  - Discuss the importance of effective communication skills.
  - Review active listening skills and other communication techniques.
  - Discuss patient relations policies.
  - Remind them to consider the physical and emotional condition of the patient.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2.

JOB SHEETS 3 & 5

Development of:
READING SKILLS
WRITING SKILLS
MATHEMATICS SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, mathematics, oral communication, interpersonal or relating, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  MATHEMATICS

  - Using English & metric measures
  - Collecting/recording data
  - Making measurements

  ORAL COMMUNICATION

  - Analyzing/applying non-verbal communication
  - Communicating with clients/customers/patients

  INTERPERSONAL OR RELATING

  - Analyzing/applying non-verbal communication
  - Interacting with clients/customers/patients

  EMPLOYABILITY

  - Mastering a specific job task/procedure
  - Practicing good work habits/attitudes
  - Developing self-confidence/esteem
  - Developing effective leadership
  - Dealing effectively with clients/customers/patients

- If students have difficulty collecting and recording data:
  - Stress the importance of accuracy in recording data.
  - Discuss the structure of the forms being used.

- If students have difficulty using English and metric measures or making measurements:
  - Review units of measure in the English and metric systems.
  - Suggest that they look at a yardstick or tape that is marked in both English and metric and study the measurements until there is a concrete idea about the lengths of different units of measurement.
  - Determine which system is used on the available instrument and demonstrate how to use and read it.
- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

JOB SHEET 4

Development of:
READING SKILLS
WRITING SKILLS
MATHEMATICS SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, mathematics, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Following written instructions

  WRITING

  - Completing forms and records

  MATHEMATICS

  - Using English & metric measures
  - Collecting/recording data
  - Making measurements

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients/patients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1 and Job Sheets 1 and 3.

JOB SHEET 6

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

READING

- Gaining factual information
- Interpreting forms and records
- Following written instructions

WRITING

- Completing forms and records

SCIENCE

- Investigating/applying principles of anatomy/physiology

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ORAL COMMUNICATION

- Giving/following oral directions
- Analyzing/applying non-verbal communication
- Communicating with clients/customers/patients

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with clients/customers/patients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

JOB SHEET 7

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

READING

- Following written instructions

WRITING

- Completing forms and records

SCIENCE

- Investigating/applying principles of human development

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients/patients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1 and Job Sheet 1.

JOB SHEET 8

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, creative thinking/problem solving, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

READING

- Following written instructions

WRITING

- Completing forms and records

SCIENCE

- Investigating/applying principles of human development
- Investigating/applying principles of anatomy/physiology

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients/patients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1 and Job Sheet 1.

JOB **SHEET 9**

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

READING

- Gaining factual information
- Following written instructions
- Interpreting graphics & symbols

WRITING

- Completing forms and records

SCIENCE

- Investigating/applying principles of human development
- Investigating health issues

ORAL COMMUNICATION

- Analyzing/applying non-verbal communication
- Communicating with clients/customers/patients

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with clients/customers/patients

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheet 1 and Job Sheet 1.

JOB SHEET 10

Development of:
READING SKILLS
WRITING SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, science, oral communication, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

READING

- Gaining factual information
- Interpreting forms and records
- Following written instructions

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WRITING

- Completing forms and records

SCIENCE

- Investigating/applying principles of human development
- Investigating/applying principles of anatomy/physiology
- Investigating health issues

ORAL COMMUNICATION

- Giving/following oral directions
- Communicating with clients/customers/patients

INTERPERSONAL OR RELATING

- Interacting with clients/customers/patients
- Developing esteem in self/others
- Providing positive coaching

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients/patients

- If students have difficulty developing esteem in self/others:
  - Discuss ways the student can develop esteem in the patient.

    EXAMPLES: Providing privacy
    Praising patient's efforts
    Making the patient comfortable

- If students have difficulty providing positive coaching:
  - Discuss the characteristics of a good coach.

- Stress the effect the students' attitudes have upon the patient's confidence.
- Review the procedure to determine when coaching may be necessary.
- Review communication and interpersonal or relating skills.

- For additional suggestions on teaching basic skills, refer to suggestions for Assignment Sheets 1 and 2 and Job Sheet 1.

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JOB SHEET 1 — CARE FOR THE WELL NEONATE — IV

OBJECTIVE 10

Hold the neonate.

INTRODUCTION

A newborn cannot hold his head erect for more than a few **seconds**. The newborn is held securely with support for the head. Holding the newborn facilitates bonding.

EQUIPMENT AND MATERIALS

- Nurse
- Infant or infant manikin

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.		
2. Identify patient.		
3. Observe patient's condition, chart any changes.		
Planning		
1. Reassure patient and family and explain procedure.		
2. Prepare for procedure.		
Implementation		
1. Collect equipment.		
2. Wash your hands.		
Traditional cradle hold		
1. Pick up infant, supporting head and back.		
2. Cradle child's head in your elbow.		
3. Reach your forearm around the outside of the infant's body to grasp the outer leg.		

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

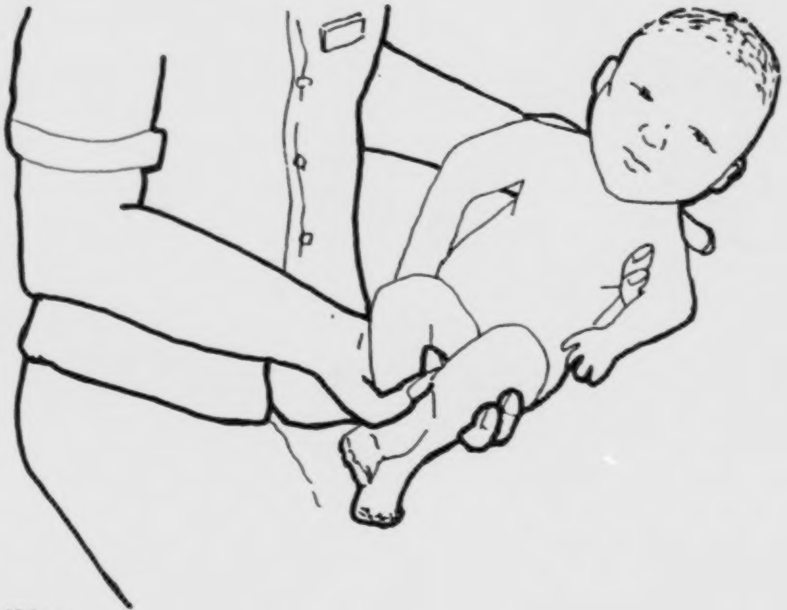
Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers/ patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/ customers/patients

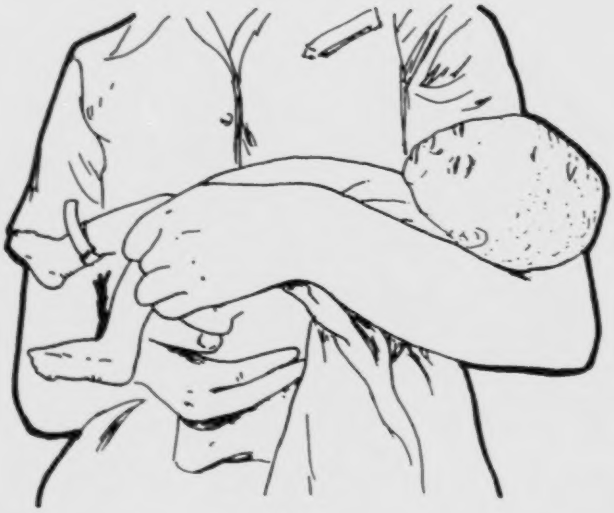
Cognitive Activities Skills
- Collect/record information

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
4. Use other hand to support back and buttocks or to provide needed care.	____	____



Lifting



Cradle Hold

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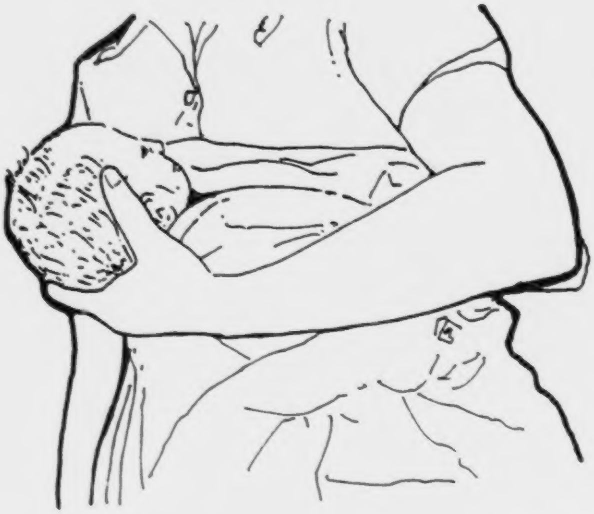
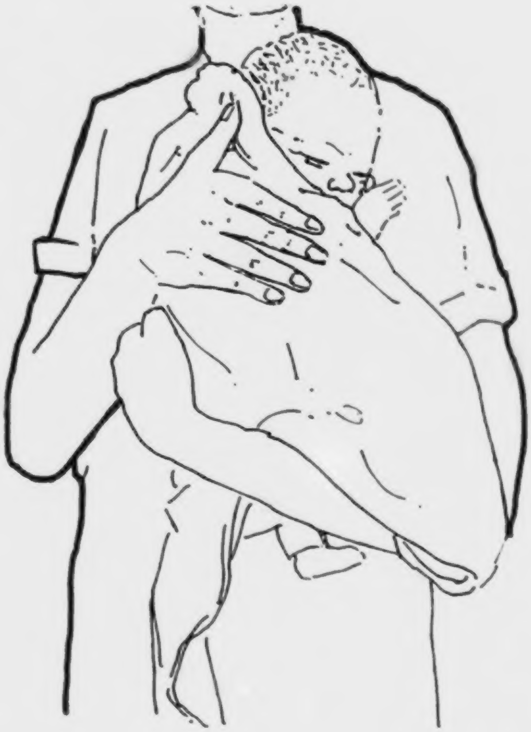
Football Hold	Yes	No
1. Pick up infant, supporting head and back.	_____	_____
2. Support length of the baby's body with forearm, with infant's head and neck resting on hand.	_____	_____
3. Hold lower portion of the infant's body, legs, and buttocks between elbow and hip.	_____	_____



Shoulder Hold

	Yes	No
1. Place clean, soft cloth on shoulder.	_____	_____
2. Pick up infant, supporting head and back.	_____	_____
3. Hold infant upright against the chest and shoulder with one hand or forearm supporting infant's buttocks.	_____	_____
4. Support infant's back with the other hand.	_____	_____



(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING	**Evaluator note:** To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** — Can perform job with no additional training 3 **Moderately Skilled** — Has performed job during training program; limited additional training may be required 2 **Limited Skill** — Has performed job during training program; additional training is required to develop skill 1 **Unskilled** — Is familiar with process, but is unable to perform job

________ (Date)

________________________ (Evaluator's Signature)

________________________ (Evaluator's Position)

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JOB SHEET 2

CARE FOR THE WELL NEONATE

IV

OBJECTIVE 11 **Suction the neonate.**

EQUIPMENT AND SUPPLIES

- Small bulb syringe (ear syringe)
- Nasal tissue paper or basin

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.		
2. Identify patient.		
3. Observe patient's condition, chart any changes.		

Planning	Yes	No
1. Reassure patient and family and explain procedure.		
2. Prepare for procedure.		

Implementation	Yes	No
1. Collect equipment.		
2. Wash your hands.		
3. Wrap infant in warm blanket.		
4. Either swaddle infant or hold "football" fashion for stability.		
5. Compress bulb before inserting syringe tip in infant's mouth.		
6. Insert syringe tip into mouth and release bulb to aspirate.		
7. Remove syringe and compress bulb, expressing contents into basin or tissue.		

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers/patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Cognitive Activities Skills
- Collect/record information

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with clients/customers/ patients

	Yes	No
8. Repeat steps 5 through 7 until tract is clear.		
9. Rinse syringe after use.		
NOTE: Follow routine of the nursery in which you work.		
10. Carefully suction nostrils, placing tip just at each opening.		
11. Place infant on side or back.		
12. Dispose of equipment and waste properly.		
Evaluation		
Evaluate procedure's success as you would for adult.		
Documentation		
Record any pertinent observations or according to agency requirements.		

CAUTION: Bulb syringes cannot be cleaned enough for reuse. Do not reuse bulb syringes on other infants.

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform jobs

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

JOB
SHEET 3

CARE FOR THE WELL NEONATE

IV

OBJECTIVE 12

Weigh the neonate.

INTRODUCTION

Weighing a newborn provides important data for assessing intrauterine growth, extrauterine growth, and determining any abnormalities.

WARNING: Although the weight and measurements of the infant are of great interest and importance, they are not vital to the baby's immediate survival. If the infant's condition is unstable, weighing and measuring should be delayed unless there is a specific reason for doing them.

EQUIPMENT AND SUPPLIES

- Infant scales
- Scale protector
- Measuring tape

NOTE: Refer to Job Sheet 1, Unit XII, *Nursing Principles and Skills.*

PROCEDURE

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Assessment and Analysis	Yes	No
1. Check physician's orders.	____	____
2. Identify patient.	____	____
3. Observe patient's condition, chart any changes.	____	____
Planning		
1. Reassure patient and family and explain procedure.	____	____
2. Prepare for procedure.	____	____
Implementation		
1. Collect equipment.	____	____
2. Wash your hands.	____	____

Math Application Skills
- Use English and metric measures

Data Analysis and Display Skills
- Collect/record data

Functional Math Skills
- Make measurements

Interactive Communication Skills
- Analyze/apply non-verbal communication
- Communicate with clients/customers/patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Develop self confidence/esteem
- Develop effective leadership
- Deal effectively with customers/clients/patients

	Yes	No
3. Place scale protector on scale.	_____	_____
4. Balance the scale.	_____	_____
5. Remove infant's clothing.	_____	_____
6. Quickly, transport infant to scales and place on scale protector.	_____	_____
7. Resting one hand lightly on the infant, adjust the weights until the scale is balanced.	_____	_____
8. Lift hand from baby, quickly make needed adjustments of weights until scale is balanced.	_____	_____

WARNING: FALL POSSIBLE. Infant can fall from scale if unattended. KEEP HAND ABOVE INFANT READY TO HOLD IF INFANT MOVES.

	Yes	No
9. Read the scale.	_____	_____
NOTE: May read in grams or pounds and ounces.	_____	_____
10. Remove the baby and the scale protector from scale. Place the scale protector in the proper disposal area.	_____	_____
11. Return the baby to the crib and redress.	_____	_____

Evaluation & Documentation

	Yes	No
Record the weight according to agency requirements.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING	**Evaluator note:** To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** – Can perform job with no additional training 3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required 2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill 1 **Unskilled** – Is familiar with process, but is unable to perform jobs

(Date)

(Evaluator's Signature)

(Evaluator's Position)

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JOB SHEET 4

CARE FOR THE WELL NEONATE

IV

OBJECTIVE 13

Measure the neonate.

INTRODUCTION

Measuring a newborn gives important data for assessing intrauterine growth, extrauterine growth, and determining any abnormalities.

WARNING: Although the weight and measurements of the infant are of great interest and importance, they are not vital to the baby's immediate survival. If the infant's condition is unstable, weighing and measuring should be delayed unless there is a specific reason for doing them.

EQUIPMENT AND SUPPLIES

- Measuring tape

NOTE: Initial measurement of the infant is generally a one-time procedure performed at the same time the baby is weighed in the Neonatal unit, if the baby is well. This job sheet may be completed at the same time that Job Sheet 3 is completed. Check with your instructor for specific instructions.

PROCEDURE

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Assessment and Analysis	Yes	No
1. Gather equipment.	_____	_____
Planning		
2. While the baby is undressed, turn the baby onto its abdomen.	_____	_____
Implementation		
3. Apply the measuring tape from the crown of the head to the heel of the foot to measure the baby's length.	_____	_____
4. Read the tape.	_____	_____

NOTE: Tape may be read in inches or centimeters.

Math Application Skills
- Use English and metric measures

Data Analysis and Display Skills
- Collect/record data

Functional Math Skills
- Make measurements

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/ patients

	Yes	No
5. To measure the circumference of the head, apply the measuring tape around the head at a level about 1 inch above the eyebrows.	_____	_____
6. Read the tape.	_____	_____
7. To measure the circumference of the chest, apply the measuring tape around the chest at the nipple line.	_____	_____
8. Read the tape.	_____	_____
9. Dress the baby.	_____	_____
Evaluation and Documentation		
Record the length and head circumference according to agency requirements.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1

	4	3	2	1
Made appropriate adjustments				
	4	3	2	1
Provided a safe and reassuring environment				

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform jobs

__________ ________________________
(Date) (Evaluator's Signature)

____
(Evaluator's Position)

JOB SHEET 5 — CARE FOR THE WELL NEONATE — IV

OBJECTIVE 14

Use the radiant warmer.

INTRODUCTION

Some nurseries use radiant warmers for all newborn admissions, not just sick or at-risk babies. The radiant warmer must be clean and in operating condition at all times.

NOTE: It is generally easier to observe babies and carry out special procedures (for example, umbilical catheterization) when they are under radiant warmers than when they are in incubators.

WARNING: Infants can chill or overheat quickly if warmer is not set correctly. Ask instructor to demonstrate use of radiant warmer in your facility before attempting procedure in this job sheet.

EQUIPMENT AND SUPPLIES

- Radiant warmer
- Thermistor probe
- Reflective cover
- Tincture of benzoin

PROCEDURE

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Assessment and Analysis	Yes	No
1. Check physician's orders.		
2. Identify patient.		
3. Observe patient's condition, chart any changes.		
Planning		
1. Reassure patient and family and explain procedure.		
2. Prepare for procedure.		
Implementation		
1. Collect equipment.		

Math Application Skills
- Use English and metric measures

Data Analysis and Display Skills
- Collect/record data

Functional Math Skills
- Make measurements

Interactive Communication Skills
- Analyze/apply non-verbal communication
- Communicate with clients/customers/patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/patients
- Develop self-confidence/esteem
- Develop effective leadership

	Yes	No
2. Wash your hands.	_____	_____
3. Prepare warmer.		
a. Plug in the radiant warmer.	_____	_____
b. Connect the thermistor probe to the radiant warmer.	_____	_____
4. Check infant's identification.	_____	_____
5. Remove infant clothing.	_____	_____

NOTE: The infant should be unclothed to absorb the radiant heat. Clothes will decrease the efficiency of heat input from the warmer. However, a transparent plastic blanket may help decrease convective losses while allowing radiant heat input from the warmer. If a plastic blanket is used, be sure to keep it away from the baby's airway.

	Yes	No
6. Transport infant to warmer.	_____	_____
7. Select mode of operation and place the radiant warmer on appropriate automatic mode.	_____	_____

NOTE: Automatic mode means the warmer turns on and off in response to the baby's temperature as it is registered by the thermistor probe. The radiant warmer automatically maintains the baby's temperature at the desired preset temperature (servocontrol). Manual mode of operation means that the radiant warmer will continue heating unless you turn it off. The baby can overheat quickly.

	Yes	No
8. Attach thermistor probe to baby with the reflective probe cover.		
a. Place it on the abdomen if baby is lying on back; on the back if baby is lying on stomach.	_____	_____
b. Tincture of benzoin applied beneath the reflective cover will help prevent skin damage.	_____	_____

NOTE: Keep the thermistor probe in constant contact with the baby's skin.

Yes No

9. Determine temperature setting.

   a. Set the appropriate servo temperature (36.5° C. or 97.8° F.). _____ _____

   b. Check baby's rectal temperature to make sure it is close to 37.0° C. _____ _____

   c. Adjust the servocontrol preset temperature higher or lower as needed to keep the rectal temperature at 37.0° C. _____ _____

10. Set alarms on your hospital's radiant warmers, if available. _____ _____

NOTE: If your radiant warmer has "high and low" temperature alarms, set these at 0.5° C (1.0° F.) above and below the preset temperature.

11. Keep baby uncovered. _____ _____

12. Minimize convective heat loss. _____ _____

NOTE: If available, move the plexiglass sides of the radiant warmer bed to their upright position. Also minimize drafts in the room.

13. Take temperature with standard glass thermometer. _____ _____

NOTE: The glass thermometer is used to double check the accuracy of the probe and the servocontrol mechanism.

Evaluation

1. Check temperature frequently. _____ _____

NOTE: It is important to recognize a change in temperature quickly as the baby can be chilled or overheated within a short period of time. The temperature alarm serves two purposes: 1) it is a constant check that the probe is in good contact with the baby; and 2) it ensures that the servocontrol mechanism is operating normally.

	Yes	No
2. Determine if the baby's fluid intake should be increased.	____	____

CAUTION: Radiant warmers can increase the baby's insensible water loss by as much as 100%. If the baby is to stay under the radiant warmer for more than several hours, it is important to increase the baby's fluid intake.

Documentation

Document treatment according to agency policy. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

(Date)

(Evaluator's Signature)

(Evaluator's Position)

JOB SHEET 6 — CARE FOR THE WELL NEONATE — IV

OBJECTIVE 15 — **Bathe the neonate.**

INTRODUCTION

The bath is an excellent time to assess the newborn. The nurse has to adapt the bath to the newborn's condition and the hospital's routine. Encourage parental involvement.

EQUIPMENT AND SUPPLIES

- Basin of warm water
- Mild soap, lotion soap, or antibacterial solution
- Washcloth
- Two towels or other soft cloths for covering and drying
- Aspiration bulb
- Sterile cotton balls
- Antiseptic solution
- Sterile applicators
- Clothing

⚠ **CAUTION:** Keep the infant warm throughout procedure.

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	_____	_____
2. Identify patient.	_____	_____
3. Observe patient's condition, chart any changes.	_____	_____
4. Determine physical development of infant.	_____	_____

Planning		
1. Reassure patient and family and explain procedure.	_____	_____
2. Prepare for procedure.	_____	_____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of anatomy/physiology

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers/patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Cognitive Activities Skills
- Collect/record information

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/patients

Implementation	Yes	No
1. Collect equipment.	____	____
2. Wash your hands.	____	____
3. Fill basin with warm water (100 to 105°F).	____	____
4. Place basin on safe surface.	____	____
5. Cleanse infant's eyes, if necessary.		
a. Moisten cotton ball with sterile water.	____	____
b. Wipe eye from inner canthus to outside; discard cotton ball.	____	____
c. Wipe second eye in same manner.	____	____
6. Wash infant's face, using water but not soap; dry face.	____	____
7. Hold infant over basin.	____	____
8. Wash head gently with soap and water; rinse and pat dry.	____	____
NOTE: A football hold for the baby is best for this procedure.		
9. Undress infant.		
10. Hold infant securely and place in basin.		
NOTE: The infant should not be fully emerged in water until the umbilical cord has dried and fallen off		
11. Keep one hand on infant while bathing.	____	____
12. Check nostrils; clean with water-moistened cotton twists as needed.	____	____
13. Cleanse external ears as necessary with cotton balls.	____	____

	Yes	No
14. Wash, rinse, and dry the trunk and upper extremities:		
a. Neck	_____	_____
b. Chest	_____	_____
c. Arms	_____	_____
d. Hands	_____	_____
e. Abdomen	_____	_____
f. Back	_____	_____

NOTE: Some physicians prefer that not all the vernix be removed, but all traces of blood or meconium should be removed.

	Yes	No
15. Put garment on infant; turn garment up to be out of the way as the bath is completed.	_____	_____
16. Wash and dry the lower parts of the body:		
a. Legs	_____	_____
b. Feet	_____	_____
c. Buttocks and perineal region	_____	_____
17. Wash your hands.	_____	_____
18. Check the umbilical cord for drainage, odor, or bleeding.	_____	_____
a. Apply treatment as ordered.	_____	_____
b. Apply antiseptic to cord end and to the skin surrounding the base of the cord; use sterile applicators.	_____	_____

	Yes	No
19. Inspect and cleanse genitalia.		
• On female infant, cleanse from front to back between labia; use one cotton ball for each stroke.	_____	_____
• On male infants, retract foreskin gently, unless contraindicated, and clean the glans; replace foreskin immediately.	_____	_____
20. Diaper infant.	_____	_____
21. Check identification band with identification card on crib.	_____	_____
22. Place infant in prepared crib or incubator.	_____	_____
23. Place infant on side; prop as necessary to maintain position.	_____	_____
Evaluation		
Cover lightly as needed. Make infant comfortable.	_____	_____
Documentation		
1. Record all pertinent observations according to agency requirements:		
a. Temperature	_____	_____
b. Voiding	_____	_____
c. Stool	_____	_____
d. Color	_____	_____
e. Cry	_____	_____
f. Respirations	_____	_____
2. Enter bath on checklist or flow sheet.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING	**Evaluator note:** To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.
PERFORMANCE EVALUATION KEY	4 **Skilled** – Can perform job with no additional training 3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required 2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill 1 **Unskilled** – Is familiar with process, but is unable to perform job

____________ (Date)

______________________ (Evaluator's Signature)

______________________ (Evaluator's Position)

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JOB SHEET 7 CARE FOR THE WELL NEONATE IV

OBJECTIVE 16

Diaper the neonate.

INTRODUCTION

Most hospitals use disposable diapers, but cloth diapers are also available. Newborns will require a diaper change about twelve times per day.

EQUIPMENT AND SUPPLIES

- Diaper
- Routine cleansing agent for diaper area (will vary from nursery to nursery)

PROCEDURE

Assessment and Analysis	Yes	No
1. Check infant for dry diaper.	____	____
2. Determine physical development of infant.	____	____
Planning		
1. Select size of disposable diaper.	____	____
2. Wash your hands.	____	____
3. Obtain clean diaper and equipment.	____	____
Implementation		
1. Place infant on back in safe, clean location.	____	____
2. Unfasten soiled diaper.	____	____
3. Remove soiled diaper, wiping away stool.	____	____
4. Cleanse diaper area gently and thoroughly with cleansing agent and soft material.	____	____
5. Lift infant and place clean diaper underneath.	____	____

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/ patients

	Yes	No
6. Pull diaper up between infant's legs and fasten securely.	_____	_____
Evaluation		
1. Be sure infant is safe.	_____	_____
2. Dispose of soiled diaper.	_____	_____
3. Wash hands.	_____	_____
Documentation		
Document voiding and/or bowel movement.	_____	_____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

__________ (Date)

____________________ (Evaluator's Signature)

____________________ (Evaluator's Position)

JOB SHEET 8

CARE FOR THE WELL NEONATE

IV

OBJECTIVE 17 **Care for the circumcision.**

INTRODUCTION

Circumcision is an elective surgical procedure. The circumcision can be performed in several different ways. The nurse must adapt to the routine of the hospital and the physician's preference.

EQUIPMENT AND SUPPLIES

- Diaper
- Routine cleansing agent for diaper area (will vary from nursery to nursery.)

PROCEDURE

Assessment and Analysis	Yes	No
1. Check infant for dry diaper.	____	____
2. Determine physical development of infant.	____	____
3. Select size of disposable diaper.	____	____
Planning		
1. Plan method for securing diaper.	____	____
2. Wash your hands.	____	____
3. Obtain clean diaper and equipment.	____	____
Implementation		
1. Place infant on back in safe, clean location.	____	____
2. Unfasten soiled diaper.	____	____
3. Remove soiled diaper, wiping away stool.	____	____

Functional Reading Skills
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/physiology

Cognitive Activities Skills
- Collect/record information

Job Acquisition/ Development Skills

- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/ patients

Yes No

4. Cleanse diaper area gently and thoroughly with cleansing agent and soft material. ____ ____

5. Avoid contaminating circumcision with feces. ____ ____

6. Wash hands. ____ ____

7. Remove soiled dressing from circumcision. Assess the circumcision for bleeding or swelling of the penis, and check for urinary retention. ____ ____

8. Avoid friction to circumcised area. ____ ____

NOTE: Do not apply any cleansing agent without a physician's order. Sterile water may be used to flush the area if needed.

9. Apply a fresh dressing to the circumcision. ____ ____

10. Lift infant and place clean diaper underneath. ____ ____

11. Pull diaper up between infant's legs and fasten securely. ____ ____

Evaluation

1. Be sure infant is safe. ____ ____

2. Dispose of soiled diaper. ____ ____

3. Wash hands. ____ ____

Documentation

Record assessments according to agency requirements. ____ ____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

___________ (Date)

___________________________ (Evaluator's Signature)

___________________________ (Evaluator's Position)

JOB SHEET 9

CARE FOR THE WELL NEONATE

IV

OBJECTIVE 18

Feed the neonate.

INTRODUCTION

The new mother who bottle feeds her newborn needs guidance and support. Formula is available in many forms; most hospitals use the prepackaged bottles that require no refrigeration or preparation.

EQUIPMENT AND SUPPLIES

- Bottle of formula at room temperature

NOTE: Physician will order type of formula to be given.

PROCEDURE

Assessment and Analysis	Yes	No
1. Determine physical development of infant.	_____	_____
2. Check order for type of formula.	_____	_____
3. Check need for specialized feeding device.	_____	_____

Planning	Yes	No
1. Identify formula.	_____	_____
2. Wash your hands.	_____	_____
3. Obtain formula.	_____	_____
4. Prepare bottle of formula by securing a nipple to the bottle.	_____	_____

NOTE: Twist cap if nipple is already attached to break the seal.

Implementation	Yes	No
1. Check infant's identification.	_____	_____
2. Pick up infant and sit in a comfortable position.	_____	_____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Follow written instructions
- Interpret graphics and symbols

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Investigate health issues

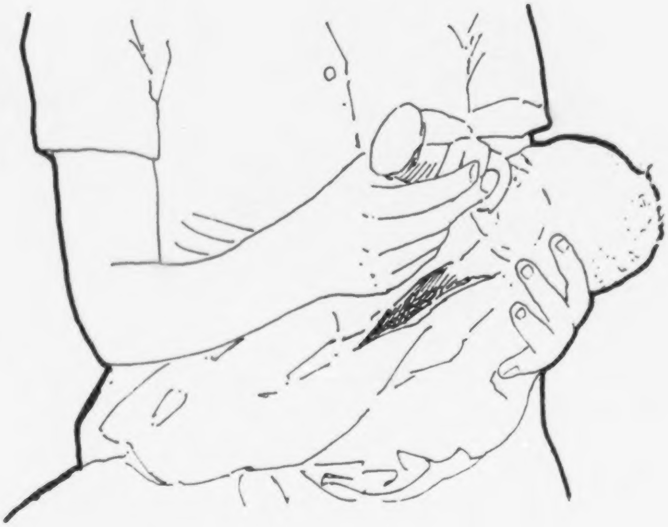
Interactive Communication Skills
- Analyze/apply non-verbal communication
- Communicate with clients/customers/ patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/ customers/patients

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/ patients

	Yes	No
3. Hold infant with head and upper body slightly elevated.	____	____

NOTE: This position minimizes the possibility of aspiration and the flow of liquid into the eustachian tube.



Nurse Feeding Baby

4. Tip bottle so that there is always fluid in the nipple and neck, to reduce air swallowing.	____	____

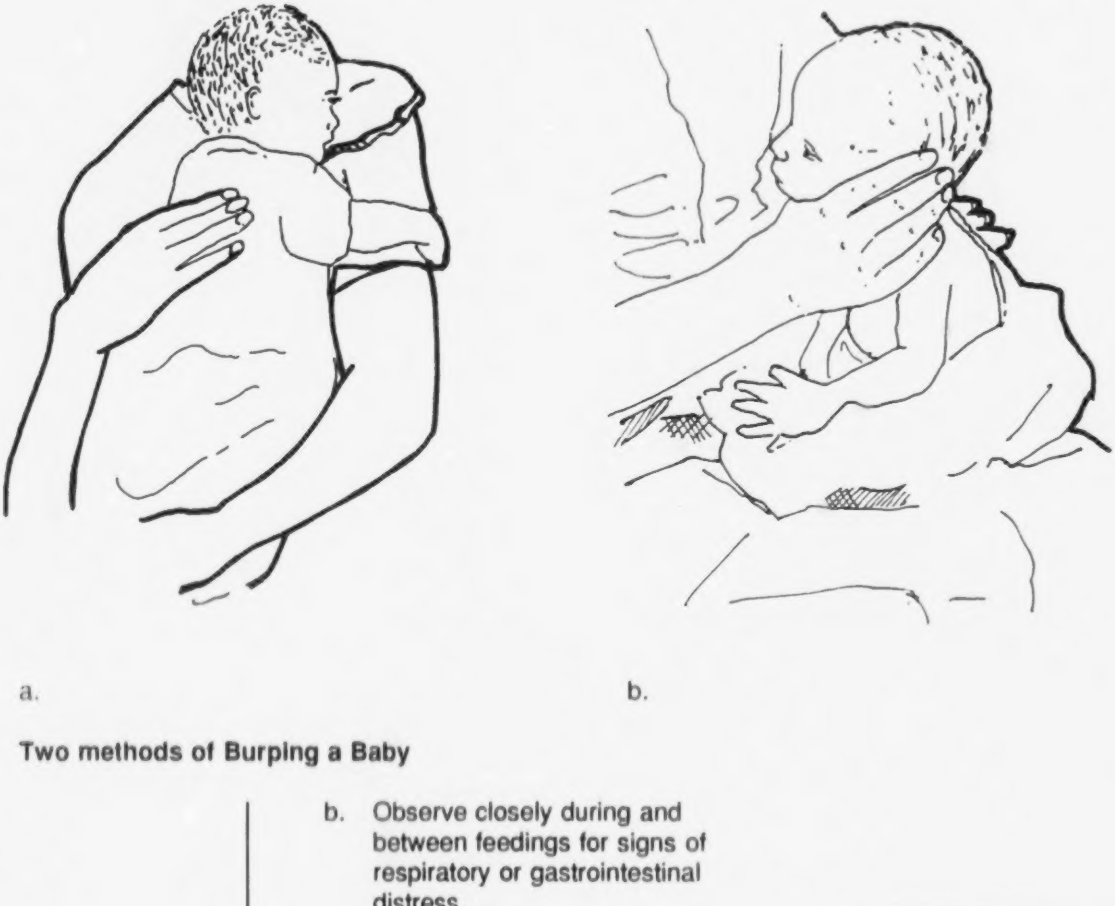
NOTE: Always check to see that the nipple is on top of the tongue, otherwise the baby cannot suck successfully.

5. Remove bottle for occasional rest.	____	____

Yes No

6. Burp infant.

   a. Hold infant in an upright position against shoulder or in a sitting position on lap and gently rub back to help expel any swallowed air. Attempt to "burp" the baby after each 15-30 cc of formula taken. _____ _____



a. b.

Two methods of Burping a Baby

   b. Observe closely during and between feedings for signs of respiratory or gastrointestinal distress. _____ _____

7. Change infant's diaper, if needed. _____ _____

	Yes	No
8. Return infant to crib. Position infant on side.	____	____
9. Wash your hands.	____	____
Evaluation		
1. Compare infant's intake with usual intake for an infant of this age and size and with usual intake for this child.	____	____
2. Check infant for comfort and safety.	____	____
Documentation		
Record kind and amount of formula taken.	____	____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

____

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____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

__________ (Date)

__________________ (Evaluator's Signature)

__________________ (Evaluator's Position)

JOB SHEET 10 CARE FOR THE WELL NEONATE IV

OBJECTIVE 19 **Assist with breast feeding.**

INTRODUCTION

Breast feeding takes practice for both the mother and the newborn. The nurse gives support and reassurance to the new nursing mother.

EQUIPMENT AND SUPPLIES

- Prepackaged towels
- Antiseptic solution

PROCEDURE

	Yes	No
Assessment and Analysis		
1. Identify patient and infant by checking **both** I.D. bands; provide privacy.	____	____
Planning		
1. Have mother wash her hands with soap or detergent and water.	____	____
Implementation		
2. Assist mother to appropriate position:		
NOTE: Mother may prefer to lie down the first few days because of perineal tenderness.		
— Turn mother to one side with a pillow at her back and one under her head; or	____	____
— Assist mother to sitting position in bed; or	____	____
— Help mother get up and into a chair.	____	____

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Interactive Communication Skills
- Give/follow oral directions
- Communicate with clients/customers/patients

General Relating Skills
- Interact with clients/customers/patients

Leadership/Influencing Skills
- Develop esteem in self/others
- Provide positive coaching

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/patients

Yes No

3. Instruct mother not to touch anything after washing her hands except necessary articles such as clothing and bed covers. _____ _____

4. Wash hands before picking up infant. _____ _____

5. Take infant to mother. _____ _____

6. Position infant. _____ _____

7. Instruct mother to touch infant's cheek to her breast to stimulate the infant's rooting reflex and encourage the infant to seek the nipple. _____ _____

8. Instruct the mother to put the whole nipple into the baby's mouth including the areola. _____ _____

9. Instruct the mother to hold the breast tissue away from the baby's nose so the baby can breathe.

10. Remain with mother as indicated.

NOTE: Infant should be allowed to nurse for two or three minutes at a time the first day. Gradually increase nursing time, depending on condition of nipples and infant's desires. Cracks or fissures may be caused by failing to get enough nipple and areola in the infant's mouth and by permitting infant to nurse too long at one time. Most of the milk in one breast can be obtained in ten minutes of nursing. Maximum time to permit infant to nurse should be twenty minutes.

11. Instruct mother to avoid pulling infant from the breast when nursing is terminated; have her pull down the chin or corner of infant's mouth to release the suction on the breast. _____ _____

12. Encourage mother to hold infant over shoulder or in sitting position to favor eructation (burping) of air bubbles. _____ _____

13. Return infant to crib or nursery. _____ _____

Evaluation Yes No

1. Assist mother as needed.

   a. Make sure breast is empty; use breast pump if needed. _____ _____

   NOTE: After breast feeding, the mother normally washes her nipples with plain water and allows them to air dry to prevent infection. These procedures vary according to hospital and physician. Check with hospital procedure before instructing patients in this procedure.

   b. Help mother fasten or replace brassiere. _____ _____

   c. Help mother return to bed if needed. _____ _____

2. Provide for patient's comfort. _____ _____

3. Wash hands. _____ _____

Documentation

Record according to agency requirements. _____ _____

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS ______________________________

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PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Prepared adequately and appropriately	4	3	2	1
Performed procedure properly	4	3	2	1
Made appropriate adjustments	4	3	2	1
Provided a safe and reassuring environment	4	3	2	1

EVALUATOR'S COMMENTS

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AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
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1 **Unskilled** – Is familiar with process, but is unable to perform job

__________ (Date)

______________________________ (Evaluator's Signature)

______________________________ (Evaluator's Position)

WRITTEN TEST

CARE FOR THE WELL NEONATE

IV

Name ______________________ Score __________

OBJECTIVE 1

Match terms associated with the well neonate to their definitions. Write the correct letters in the blanks.

Part 1

_____ 1. Surgical removal of a portion of the foreskin of the penis

_____ 2. Return of formula from the stomach to the mouth

_____ 3. Downy hairs on the body of the neonate

_____ 4. Areas resembling bruises which appear naturally over the lower back and buttocks of dark-skinned infants

_____ 5. Producing gas or fluid from the stomach; belching, or "burping"

_____ 6. The first stool of the newborn; a sticky, tar-like, blackish green, odorless material

a. circumcision

b. eructation

c. fontanel

d. lanugo

e. meconium

f. milia

g. mongolian spots

h. neonate

i. phenylketonuria test

j. regurgitation

k. transitional stool

l. vernix caseosa

May be photocopied for student use

Part II

_____ 1. An infant during the first four weeks of life

_____ 2. Changes in the color and consistency of the newborn stool in response to the feeding pattern

_____ 3. A soft spot lying between the cranial bones of the skull of the neonate

_____ 4. Small white areas on the skin caused by retention of sebaceous gland secretions

_____ 5. Reveals the presence or absence of a hereditary disease which causes mental retardation

_____ 6. A white, oily material covering the skin of the newborn infant

a. circumcision

b. eructation

c. fontanel

d. lanugo

e. meconium

f. milia

g. mongolian spots

h. neonate

i. phenylketonuria test

j. regurgitation

k. transitional stool

l. vernix caseosa

OBJECTIVE 2

Select from a list the tasks that allow adaptation to extrauterine life. Write an "X" in the blank before tasks that allow adaptation to extrauterine life.

_____ 1. Establishing and maintaining respirations

_____ 2. Eliminating wastes

_____ 3. Receiving nutrients from the placenta

_____ 4. Ingesting, retaining, and digesting food

_____ 5. Regulating temperature

_____ 6. Vomiting and sneezing fluids

_____ 7. Regulating urination

_____ 8. Regulating weight

May be photocopied for student use.

OBJECTIVE 3

Distinguish between normal and abnormal characteristics of neonatal skin and musculoskeletal system. Write an "N" in the blank before each normal characteristic and an "A" in the blank before each abnormal characteristic.

_____ 1. Decreased or absent movement of any extremity

_____ 2. The baby waves its arms and legs as it cries and tries to lift its head when placed in the prone position.

_____ 3. Skin folds over the buttocks and thigh are not the same on both legs.

_____ 4. A "floppy" or "rag doll" appearance

_____ 5. Milia present over the nose

_____ 6. A collection of blood between the scalp and the skull

_____ 7. Molding

_____ 8. Color is reddish pink and very smooth.

_____ 9. Mongolian spots

______ 10. Bones are soft and pliable.

______ 11. Fingernails and toenails are present.

______ 12. Absence of perspiration when warm

______ 13. Holding the extremities in a flexed position most of the time

______ 14. Caput succedaneum

______ 15. Extremities which are not equal in length

______ 16. Unusual alignment of extremities

______ 17. A reddish discoloration of the face or neck

______ 18. Covered with vernix

May be photocopied for student use.

OBJECTIVE 4 **Distinguish between normal and abnormal characteristics of the neonatal respiratory and circulatory systems.** Write an "N" in the blank before each normal characteristic and an "A" in the blank before each abnormal characteristic.

_____ 1. Cyanosis or pallor of the mucous membranes or trunk

_____ 2. Cyanosis of the extremities which does not resolve

_____ 3. A heart rate above 180 beats per minute when the infant is resting

_____ 4. Chest rises evenly on both sides

_____ 5. Baby breathes through the nose and uses little effort

_____ 6. Average respiratory rate of 30-50 breaths per minute when quiet

_____ 7. Breath sounds that are not equal on both sides of the chest

_____ 8. Umbilical cord containing three blood vessels

_____ 9. Average heart rate of 120 to 180 beats per minute

_______ 10. Sustained respirations above 60 per minute when the baby is quiet

_______ 11. Only one side of the chest rises when the baby breathes

_______ 12. Hands and feet that are cyanotic immediately after birth

_______ 13. Irregular breathing

_______ 14. Dilatation of the nares

_______ 15. Respirations lower than 20 breaths per minute

_______ 16. Rate of the breathing changes with activity

_______ 17. Retractions of the chest wall

_______ 18. Grunting respirations

May be photocopied for student use

______ 19. Mouth breathing

______ 20. Jaundice of the skin and/or sclera before 48 hours of age

______ 21. Low prothrombin levels

______ 22. A surplus of red blood cells

OBJECTIVE 5

Distinguish between normal and abnormal characteristics of the neonatal gastrointestinal and urinary systems. Write an "N" in the blank before each normal characteristic and an "A" in the blank before each abnormal characteristic.

_____ 1. Small regurgitations after feedings

_____ 2. Excessive drooling

_____ 3. Abdominal distention

_____ 4. Gastrointestinal system open from the mouth to the anus

_____ 5. The first stool is blackish green and sticky.

_____ 6. Vigorous sucking

_____ 7. The infant swallows easily without drooling, choking, or respiratory distress.

_____ 8. Frequent watery stools

_____ 9. When the infant begins to digest milk products, stools become greenish-yellow.

______ 10. Urination within the first 24 hours following birth

______ 11. Urination from abnormal openings

______ 12. No meconium stool passed within the first 24 hours

______ 13. A small hole in the palate of the mouth

______ 14. Choking or respiratory distress while eating

______ 15. Repeated vomiting of feedings

May be photocopied for student use.

_______ 16. A rusty red stain on the diaper

_______ 17. Absence of urination within 24 hours of birth

_______ 18. Passing a stool does not cause the infant discomfort.

_______ 19. Absence of normal lip tissue

_______ 20. No anal opening

_______ 21. Passage of a hard stool

_______ 22. If the baby is jaundiced and the Bili Lite is used, the stools become green and may be semi-liquid.

_______ 23. After the meconium is completely expelled, the milk stools are yellow and soft.

OBJECTIVE 6

Distinguish between normal and abnormal characteristics of the neurological, endocrine, and sensory systems. Write an "N" in the blank before each normal characteristic and an "A" in the blank before each abnormal characteristic.

_____ 1. Ability to coordinate eye movements is not fully developed.

_____ 2. A weak cry

_____ 3. Drainage from eyes or ears

_____ 4. Readily accepts sweet flavors such as milk or glucose water

_____ 5. Baby is able to coordinate sucking, swallowing, and breathing.

_____ 6. Recognizes the smell of breast milk

_____ 7. Sleeps most of the time

_____ 8. The baby's temperature ranges from 96.5° to 98.6°F.

_____ 9. When the baby's cheek is stroked, the baby turns its head to the side being stroked.

_______ 10. Does not react to bright lights

May be photocopied for student use.

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_______ 11. Does not react to loud noises

_______ 12. When placed on its abdomen, the baby turns his head to one side and extends the arm on the opposite side.

_______ 13. When the lips are touched, the infant makes a sucking motion.

_______ 14. When startled, the baby extends its arms and draws up its legs.

_______ 15. A high-pitched cry

_______ 16. Neither lethargic nor irritable

_______ 17. Is calmed at a gentle touch

_______ 18. A blood test taken 24 hours after the baby ingested protein reveals high levels of phenylalanine.

_______ 19. Dull appearance of the eyes

_______ 20. Limited vision

_______ 21. Continuous irritable crying

_______ 22. Movement may be jerky and poorly coordinated.

_______ 23. Choking and difficulty in swallowing

_______ 24. Poor sucking reflex

_______ 25. Poorly shaped ears with decreased cartilage

_______ 26. Shows no reaction to a bitter-flavored drink

_______ 27. Food that reaches the posterior portion of the tongue will be swallowed.

_______ 28. Neonate cries lustily with normal pitch and duration.

_______ 29. Two fontanels which can be felt by palpating the head

_______ 30. If placed on its abdomen, the baby turns its head to one side, extends its arm on the same side and flexes the arm on the opposite side.

May be photocopied for student use.

_______ 31. Hyperactive responses and irritability

_______ 32. Very acute hearing

_______ 33. Absence of neuromuscular reflexes

_______ 34. Absence of a fontanel

_______ 35. Coughing, sneezing, and gagging reflexes are present.

OBJECTIVE 7

Choose the word or phrase to complete statements about proper care of the neonate. Write the correct letter in the blank.

_____ 1. Safety measures that protect the newborn include all of the following EXCEPT

a. keeping fingernails short and removing jewelry before handling the newborn
b. placing the newborn on side after feeding
c. placing the newborn on abdomen after feeding
d. avoiding extremes in room temperature in the nursery

_____ 2. A nurse should not work with newborns if the nurse

a. has a cold
b. is pregnant
c. is exposed to childhood diseases at home
d. has dermatitis

_____ 3. Contact with the infant should be maintained

a. visually and physically
b. visually and auditorially
c. physically and auditorially
d. visually, physically, or auditorially

_____ 4. The baby should be handled

a. as little as possible
b. gently and calmly
c. as often as possible
d. quickly, completing procedures efficiently

May be photocopied for student use

_____ 5. Baby talk

a. should be avoided
b. is acceptable
c. is the best way to talk to infants
d. has no effect on the infant

_____ 6. The technique that is MOST IMPORTANT in preventing infections in the newborn nursery is

a. autoclaving all linen and clothing for newborns
b. hand washing before and after each contact with the newborn
c. wearing masks and clean scrub suits
d. limiting visitors during rooming-in

_____ 7. During bathing, care must be given to the

a. eyes
b. cord area
c. diaper area
d. ears

NOTE: Objectives 8-19 are evaluated on job sheets/assignment sheets in this unit. If you have not completed these components, see your instructor.

WRITTEN TEST ANSWERS

CARE FOR THE WELL NEONATE

IV

OBJECTIVE 1

Part I	Part II
1. a	1. h
2. j	2. k
3. d	3. c
4. g	4. f
5. b	5. i
6. e	6. l

OBJECTIVE 2

1, 2, 4, 5, 8

OBJECTIVE 3

1. A
2. N
3. A
4. A
5. N
6. A
7. N
8. N
9. N
10. N
11. N
12. N
13. N
14. A
15. A
16. A
17. A
18. N

OBJECTIVE 4

1. A
2. A
3. A
4. N
5. N
6. N
7. A
8. N
9. N
10. A
11. A
12. N
13. N
14. A
15. A
16. N
17. A
18. A
19. A
20. A
21. N
22. N

OBJECTIVE 5

1. N
2. A
3. A
4. N
5. N
6. N
7. N
8. A
9. N
10. N
11. A
12. A
13. A
14. A
15. A
16. N
17. A
18. N
19. A
20. A
21. A
22. N
23. N

OBJECTIVE 6

1. N
2. A
3. A
4. N
5. N
6. N
7. N
8. N
9. N
10. A
11. A
12. N
13. N
14. N
15. A
16. N
17. N
18. A
19. A
20. N
21. A
22. N
23. A
24. A
25. A
26. A
27. N
28. N
29. N
30. N
31. A
32. N
33. A
34. A
35. N

OBJECTIVE 7

1. c
2. a
3. b
4. b
5. b
6. b
7. b

OBJECTIVE SHEET

CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

V

INTRODUCTION

Some neonates who appear to be healthy will need special observation because of problems in their fetal history or in their immediate post-birth period. The practical nurse shares with other health care team members the responsibility for making observations which will identify infants who have special care needs.

A few neonates will be sick, immature, or have congenital malformations. Routine nursing interventions for these infants are shared by the practical nurse and the registered nurse.

This unit provides information about the most common problems requiring special nursing care for the neonate, observation techniques and tools for use by the practical nurse, and job sheets for mastery of skills needed to care for infants with potential problems.

UNIT OBJECTIVE

After completing this unit, the student will be able to evaluate neonates who require special observation or who have potential problems. The student will be able to apply nursing care principles associated with a variety of diseases and disorders of neonates, and perform skills used in the care of infants with potential problems. The student will show these competencies by completing the job sheets and written test with a minimum of 85 percent accuracy.

PREREQUISITES

Nursing Principles and Skills, Body Structure and Function, Nutrition, Pharmacology, Units 1-4 of *Maternal/Neonatal Care*.

SPECIFIC OBJECTIVES

After completing this unit, the student will be able to:

1. Match terms associated with neonates with potential problems to their definitions.

2. Choose the word or phrase to complete statements about at-risk and sick neonates.

3. Choose the word or phrase to complete statements about potential problems of neonates.

4. Choose the word or phrase to complete statements about hypothermia and hyperthermia.

5. Choose the word or phrase to complete statements about measuring neonatal temperature.

6. Choose the word or phrase to complete statements about neonatal hypoglycemia.

7. Choose the word or phrase to complete statements about hyperbilirubinemia.

8. List signs and symptoms of congenital heart disease.

9. Match types of congenital heart disease to their definitions.

10. List signs and symptoms of respiratory distress.

11. Choose the word or phrase to complete statements about neonates with respiratory distress.

12. Choose the word or phrase to complete statements about neonatal neurologic and musculoskeletal disorders.

13. Choose the word or phrase to complete statements about neonatal gastrointestinal distress.

14. Choose the word or phrase to complete statements about neonates with infection.

15. Care for an infant in an incubator. (Job Sheet 1)

16. Administer phototherapy. (Job Sheet 2)

17. Collect and read capillary blood sugar. (Job Sheet 3)

PREPARATION

- Order materials to supplement the unit.
- Invite a guest speaker to discuss neonatal care.

  NOTE: Please provide the guest speaker with the specific topic relevant to the unit of instruction ahead of time. Confirm the scheduled appearance 2-3 days prior to the presentation.

- Devise games and/or crossword puzzles to reinforce terms and other information.
- Plan for evaluation schedule for students.
- Research and prepare handouts on apnea and special feeding techniques.

  HOSA Integration

  - Assist students in conducting a chapter service project on the neonate with potential problems.
  - Develop objectives for the service project, identify a theme, and set a time line.
  - Plan a community or school health project that involves disseminating pamphlets about unit material. Keep copies of all material, including scripts, for HOSA competition.
  - Arrange for photographs of all public speaking, presentations, or other public contact.
  - Host terminology and spelling contests.
  - Assist students in scheduling and presenting prepared and extemporaneous speeches.
  - Create a poster according to Extemporaneous Health Display rules. Display it in a highly visible area.
  - Create overhead transparencies, 35 mm slides, brochures, flyers, narrative tape recordings, and video tapes according to Community Awareness Guidelines.

- Create a skit, play, or puppet show and present it. Tape the presentation, according to Community Awareness Guidelines.

DELIVERY

Objective 1: Match terms associated with neonates with potential problems to their definitions.

- Discuss the unit goal.
- Discuss terms associated with the neonate with potential problems. Review terms introduced in other units which will be used during this unit coverage.
- Develop and use crossword puzzles to reinforce terms.
- Develop and use word searches.
- Conduct spelling bees.
- Play a *Jeopardy*-style game to reinforce terms.
- Break down prefixes, suffixes, or other word parts to identify their meanings.

Objective 2: Choose the word or phrase to complete statements about at-risk and sick neonates.

- Visit a special care nursery.
- Discuss how maternal health is related to ill and at-risk status.
- Discuss why pre- and post-term neonates are considered at risk. Review in-utero growth patterns.
- Discuss delivery events and procedures that may bring on sick or at-risk status.
- Review reasons for sick or at-risk neonate status, signs and symptoms, and nursing responsibilities of each.
- Compare neonatal illnesses with adult illnesses. Compare symptoms and treatments. Point out the lack of patient interaction and the effect it has on diagnosing and treating.

- Let students watch a neonate or a film of a neonate as it sleeps. Point out uneven breathing patterns and compare these patterns to apnea. Encourage students to discuss watching their own infants breathe.

- Have students suggest causes of asphyxia.

- Show pictures or slides of normal newborn and compare them to pre-term and post-term infants and to LGA and SGA infants.

Objective 3: Choose the word or phrase to complete statements about potential problems of neonates.

Objective 4: Choose the word or phrase to complete statements about hypothermia and hyperthermia.

Objective 5: Choose the word or phrase to complete statements about measuring neonatal temperature

- Demonstrate different types of heat loss using students as subjects.

- Discuss ways to minimize heat loss.

- Compare differences in the temperature regulating system of adults and neonates.

- Show students procedures and equipment used to prevent hypothermia. Include clothing such as hats and blankets.

- Demonstrate the use of various temperature-taking devices, including new thermometers not discussed in this unit.

- Have students demonstrate taking rectal and axillary temperatures to new parents or participants in a babysitting class.

Objective 6: Choose the word or phrase to complete statements about neonatal hypoglycemia.

- Review hypoglycemia, its symptoms and treatments.

- Compare neonatal to adult hypoglycemia.

- Discuss how best to provide safe care for an infant with tremors or seizures.

- Review diabetes.

- Discuss signs and symptoms of hypoglycemia.

- Demonstrate capillary blood sugar monitoring.

- Discuss flow chart with nursing options.

- Draw capillary blood sugars on infants if possible.

Objective 7: Choose the word or phrase to complete statements about hyperbilirubinemia.

- Point out that some jaundice is normal in all neonates and that the onset or diagnosis of hyperbilirubinemia may not occur until the infant is several days old.

- Review the function of the liver and the cause of hyperbilirubinemia.

- Compare and explain causes of hyperbilirubinemia.

- Demonstrate use of bili-lights and fluorescent lighting to treat infants with jaundice.

- Discuss the use of sunlight to treat infants with hyperbilirubinemia. Explain why it is important to avoid exposing infants to direct sunlight.

- Display photographs of infants with hyperbilirubinemia. Be sure the photographs show the infants' eyes and skin.

Objective 8: List signs and symptoms of congenital heart disease.

Objective 9: Match types of congenital heart disease to their definitions.

- Discuss normal circulatory function; compare to disorders in the neonate.

- Review signs and symptoms of congenital heart disease.

- Present films showing infants with tachypnea, tachycardia, activity intolerance, failure to thrive, and cyanosis.

- Demonstrate the use of tools associated with neonatal congenital heart disease, i.e. diagnostic tools, treatment tools, assessment tools.

- Review care procedures for infants with congenital heart disease.

- Present photographs or films of the most common types of congenital heart disease. Have students track blood flow through the heart with each of the most common defects.

Objective 10: List signs and symptoms of respiratory distress.

Objective 11: Choose the word or phrase to complete statements about neonates with respiratory distress.

- Review normal respiratory function in neonate and compare to common respiratory disorders.
- Review neonatal resuscitation techniques.
- Review signs and symptoms of respiratory distress.
- Present films of tachypnea, intercostal retractions, nasal flaring, grunting, and cyanosis.
- Review nursery safety rules to prevent respiratory distress.
- Have students prepare a pamphlet or poster discussing home safety procedures to prevent respiratory distress.
- Discuss possible surgical interventions to correct respiratory distress.
- Discuss the importance of surfactant.
- Discuss the relationship between the birth process and possible respiratory distress.
- Demonstrate the use of tools and equipment associated with care of the neonate with respiratory distress, i.e diagnostic tools, treatment tools, and assessment tools.

Objective 12: Choose the word or phrase to complete statements about neonatal neurologic and musculoskeletal disorders.

- Review anatomy and physiology of the neurologic and musculo-skeletal systems.
- Review increased intracranial pressure.
- Discuss parents' reactions to the loss of the "perfect" child.
- Review communication skills and techniques for helping parents deal with these situations.

- Discuss community resources and support groups, particularly those offered by area medical centers.
- Discuss congenital hip displacement.
- Discuss congenital club foot.
- Review nursing care of casts.
- Role play teaching family members about the care of a cast.
- Invite a panel to discuss nursing care for neonates with neurologic and musculoskeletal disorders and their families. The panel might include a nurse from the hospital nursery, a pediatrician, and a parent.

Objective 13: Choose the word or phrase to complete statements about neonatal gastrointestinal distress.

- Review normal neonatal gastrointestinal function.
- Discuss care of an infant with GI distress.
- Obtain different nipples for cleft palate and demonstrate feeding.
- Refer students to Supplement 1.
- Review normal stools and changes in stool patterns during the first weeks of life.
- Review signs and symptoms of neonatal gastrointestinal distress.
- Review nursing interventions and discuss the effect of each.
- Demonstrate tools and equipment associated with neonatal gastrointestinal distress, i.e. diagnostic, treatment, and assessment tools.

Objective 14: Choose the word or phrase to complete statements about neonates with infection.

- Discuss in utero antibody production.
- Discuss why infants are less able to combat infection.
- Discuss types of neonatal infection.
- Discuss care for AIDS-infected infants.

- Discuss the relationship between labor and neonatal infection.
- Have students review procedures during labor and delivery designed to prevent neonatal infection.
- Review signs and symptoms of neonatal infection. Present photographs or films of skin changes, swelling and distension, and activity changes.
- Demonstrate the use of equipment and tools associated with neonatal infection, i.e. diagnostic, treatment, and assessment tools.
- Discuss and demonstrate tests associated with neonatal infection. If possible, allow students to complete the tests.
- Discuss nursery isolation.

APPLICATION

Objective 15: Care for an infant in an incubator.

Objective 16: Administer phototherapy.

Objective 17: Collect and read capillary blood sugar.

- Demonstrate skills to be learned.
- Practice skills in laboratory.
- Ask students to discuss feelings and fears about dealing with potential problems neonates.
- Review safety procedures.
- Review documentation.
- Have students complete Job Sheets 1 through 3.

EVALUATION

Pretest

- Give written test as pretest.
- Determine individual study requirements from pretest results.
- Counsel students individually on pretest results and study requirements.
- Modify materials in unit or create supplementary materials for individual students as required.

Skill Test

- Evaluate students on job sheet activities.
- Complete appropriate section of competency profiles.
- Reteach and retest as necessary.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

Written Test

- Explain to students that they will be asked to demonstrate on the written test actions listed in the specific objectives.
- Give written test.

NOTE: The written test may be given in sections if desired.

- Evaluate students on assignment sheet activities if not previously completed.
- Reteach and retest if necessary.
- Complete appropriate section of competency profiles.
- Review individual and group performance in order to evaluate teaching methods. Adjust scope, sequence, or instructional approaches for additional lessons as required.

SUGGESTED RESOURCES

Electronic Media

The following films are available from the March of Dimes:

- *Healthier babies: The Genetic Era*
- *Battleground ICN (Intensive Care Nursery)*
- *Too Small, Too Soon*

Print Media

- *Clinical Education Notebook Charts.* An 18-page set of colored illustrations depicting normal and abnormal pediatric and obstetrical conditions available from Ross Educational Services Department, Clinical Education Aids, Ross Laboratories, P.O. Box 182253, Columbus, OH 43272-2862.

- The following are available from the Division of Neonatal Medicine, Department of Pediatrics, University of Virginia Medical Center, Charlottesville, VA 22908:
  - *Fetal Evaluation and Immediate Newborn Assessment* (Book I)
  - *Complex Newborn Care* (Book II)
  - *Newborn Care-Concepts and Procedures* (Book III)

UNIT REFERENCES

- Ashwill, Jean W. and Emily S. McKinney. *Study Guide to Accompany Introduction to Maternity and Pediatric Nursing.* W.B. Saunders Company, 1990.
- *Illustrated Manual of Nursing Practice.* Springhouse Corporation: Springhouse, PA, 1992
- Ingalls, A. Joy, and M. Constance Salerno. *Maternal and Child Health Nursing*, 6th ed. The C.V. Mosby Company: St. Louis, 1987.
- Rosdahl, Caroline Bunker. *Textbook of Basic Nursing*, 5th ed. J.B. Lippincott Company: Philadelphia, 1989.
- Thompson, Eleanor Dumont. *Introduction to Maternity and Pediatric Nursing.* W.B. Saunders Company: Philadelphia, 1990.

CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

OBJECTIVE 1

Match terms associated with neonates with potential problems to their definitions.

- **acidosis** – decrease in the blood pH due to metabolic or respiratory disturbances. The neonate may have deep, regular, gasping respirations and mottled or grayish-colored skin.
- **alkalosis** – increase in the pH of the blood commonly resulting from excessively rapid respirations by the neonate

  NOTE: The baby may experience apneic spells because of alkalosis.
- **amniotic fluid** – fluid that surrounds the fetus in the uterus
- **apnea** – without respiration, may be periodic
- **appropritate for gestational age (AGA)** – measurements of weight, length, and head circumference fall between the 10th and 90th percentile for that gestational age.
- **asymmetry** – lack of correspondence in shape, size, and relative position of parts on opposite sides of the body
- **atresia** – the absence or blockage of a normal body orifice
- **bradycardia** – abnormally slow heartbeat
- **congenital** – present and existing at birth
- **gestational age** – number of weeks that have passed from the mother's last menstrual period to the time at which you estimate the age of the baby
- **glucose** – simple sugar found in blood and body fluids
- **glycogen** – main storage form of glucose in the body
- **hyperthermia** – elevated or higher than normal temperature
- **hypoglycemia** – low blood sugar
- **hypothermia** – lower than normal temperature

- **hypoxia** – deficiency of oxygen in the body tissues
- **jaundice** – yellow color of skin, sclera, and mucous membrane resulting from elevated bilirubin levels in the blood.
- **large for gestational age (LGA)** – measurements of weight, length, and head circumference fall above the 90th percentile of the gestational age scale for that gestational age.
- **obtundation** – state of not being alert or difficult to arouse
- **post-term** – neonates born after 42 weeks gestation
- **preterm** – neonates born before 37 weeks gestation
- **respiratory distress syndrome (hyaline membrane disease)** – collapse of the alveoli and atelectasis resulting in difficult respirations and decreased oxygen exchange
- **resuscitation** – act of restoring breathing/heart beat/consciousness to the baby
- **small for gestational age (SGA)** – measurements of weight, length, and head circumference fall below the 18th percentile of the gestational age scale for that gestational age.
- **tachypnea** – rapid respiration

OBJECTIVE 2

Choose the word or phrase to complete statements about at-risk and sick neonates.

At-Risk Neonates

Some babies with potential problems are not sick, but because of certain factors, need more frequent observation or more nursing interventions than well neonates. These babies are said to be "at risk."

The at-risk baby will have normal vital signs and activity, but one or more of the following conditions:

- Abnormal maternal history

  EXAMPLE: Diabetes

- Abnormal labor and delivery history

  EXAMPLE: Asphyxia

- Pre-term or post-term

- Large or small for gestational age
- Previously sick baby

The at-risk baby does not need immediate treatment. The prognosis depends on continued, careful assessment of vital signs and prevention of or immediate treatment for additional problems. Report changes to the charge nurse or physician promptly. Record information accurately on the chart.

Sick Neonates

The sick baby has abnormal vital signs or activity. A previously well baby or at-risk baby may become sick and develop abnormal vital signs or demonstrate abnormal activity.

A sick infant requires close observation and changes may necessitate immediate action. Supportive care is begun and when a cause for an abnormality is found, the abnormality is treated. When the vital signs return to normal, the baby becomes an at-risk baby. The chart on the next page illustrates how babies are classified as either sick, at risk, or well.

INFORMATION SHEET - Maternal/Neonatal Care
CIMC - V - 16

WELL BABY → AT-RISK BABY → SICK BABY

WELL BABY

- No risk factors in history
- Full term gestational age
- Size AGA

AT-RISK BABY

- Maternal risk factors
  - — Labor
  - — Birth
- Preterm or
- Post-term
- Size
  - — LGA
  - — SGA

SICK BABY

- Feeding
  - — Poor
  - — Vomiting
- Heart rate
  - — Increased
  - — Decreased
  - — Unstable
- Blood pressure low
- Temperature
  - — Increased
  - — Decreased
  - — Unstable
- Color
  - — Red
  - — White pale
  - — Blue
- Respiration
  - — Apnea
  - — Grunting
  - — Retracting
- Activity
  - — Decreased
  - — Tremors
  - — Seizures

OBJECTIVE 3

Choose the word or phrase to complete statements about potential problems of neonates.

Pre-term, post-term, SGA, and LGA babies are more likely to have problems than normal-term and AGA babies.

PRE-TERM NEONATES

Pre-term babies are those born before 37 gestational weeks. They may be SGA, LGA, or AGA. The pre-term designation is determined by the gestational age scale and additional observations. The gestational dates assigned to the mother are not necessarily accurate and are used only as guidelines.

Potential problems and nursing responsibilities for pre-term babies:

- **Respiratory Distress Syndrome** (RDS) – (previously hyaline membrane disease) due to immature lungs; may lead to low blood oxygen which may cause pneumothorax, chronic lung disease, pulmonary infections, intracranial hemorrhage, or death.

  Nursing responsibilities – Evaluate respiratory pattern, color, vital signs, muscle tone, and activity frequently.

- **Hypoglycemia** – Low sugar stores may lead to Central Nervous System (CNS) depression, respiratory depression, and decreased cardiac output.

  Nursing responsibilities

  - Observe the baby for lethargy, tachypnea, tachycardia, and low temperature.
  - Obtain blood sugar screening tests when ordered.

- **Hypothermia** – The pre-term baby loses heat rapidly and will use all extra energy to keep warm. Providing correct environmental temperature will help the baby to conserve energy for growing.

  Nursing responsibilities

  - Take the baby's temperature frequently.
  - Use ordered devices to increase environmental heat.

- **Feeding difficulties** – A pre-term baby, less than 32-34 weeks gestational age, often cannot coordinate sucking, swallowing, and breathing so that milk may go into the lungs instead of the stomach. Baby must be fed with orogastric or nasogastric tube and IV fluids.

  Nursing responsibilities – Be sure to check with the charge nurse before oral feeding any pre-term infant.

- **Hypotension** – Low blood pressure can result from a loss of blood at the time of delivery, an infection, or too much acid in the blood (acidosis).

  Nursing responsibilities – Take blood pressure as ordered.

- **Anemia** – Pre-term babies may have a lower red blood cell count than other babies and may require a blood transfusion to help red blood cells carry oxygen.

  Nursing responsibilities – Be aware of hematocrit level.

- **Hyperbilirubinemia** – The liver is immature and does not help get rid of bilirubin. Excess bilirubin causes jaundice and may result in brain damage.

  Nursing responsibilities

  - Check for yellow color of jaundice.
  - Be aware of the bilirubin levels if jaundice does develop.

- **Apnea** – Pre-term babies may develop apneic attacks (abnormally long breathing pauses). At times, these attacks cause the baby to have bradycardia, to become blue, and to require oxygen.

  Nursing responsibilities

  - Monitor heart rate and/or respiration pattern with electronic equipment as ordered.
  - Report changes to the charge nurse or physician promptly. Record information accurately on the chart.

POST-TERM NEONATES

Post-term babies are those born after 42 weeks gestation. They may be small, large, or average size for their gestational age. The post-term designation is made by using the gestational age scale, not the mother's assigned gestational dates.

Potential problems and nursing responsibilities for the post-term baby

- **Asphyxia** – Post-term babies often do not tolerate labor well and may require resuscitation at birth. They may have had a period of asphyxia during labor or delivery.

  Nursing responsibilities – Evaluate for consequences of asphyxia.

- **Respiratory Distress** – Post-term babies are more likely to be meconium-stained. They may have aspirated the meconium following delivery and developed pneumonia or a pneumothorax (air in the pleural cavity) at time of delivery.

  Nursing responsibilities

  - Evaluate for respiration frequently.
  - Auscultate breath sounds.

- **Hypoglycemia** – Post-term babies may develop hypoglycemia because they have low sugar stores. This may cause CNS depression, respiratory depression, and decreased cardiac output.

  Nursing responsibilities – Obtain blood sugar screening tests as ordered.

SGA NEONATES

Small for gestational age (SGA) babies may be pre-term or post-term. The SGA baby is identified by using the gestational age scale. SGA babies will fall below the 10 percentile line when measurements of weight, length, and head circumference are plotted on side 2 of the scale. For example, a baby whose weight falls below 2600 gms will require special observation.

CAUSE OF SGA:

- poor maternal nutrition
- intrauterine infections
- maternal substance abuse
- maternal cigarette smoking
- congenital malformations
- multiple births
- pre-eclampsia or eclampsia

CHARACTERISTICS:

- abnormally large head in relation to body
- loose dry skin
- sunken abdomen
- sparse/absent hair growth
- wide skull sutures
- decrease in muscle and fatty tissue

Potential problems and nursing responsibilities for the SGA baby

- **Hypoglycemia** – May have low sugar stores that could lead to hypoglycemia.

  Nursing responsibilities – Obtain blood sugar screening tests as ordered.

- **Respiratory Distress** – Often do not tolerate labor well and may require resuscitation at birth. May develop pneumothorax (air in the pleural cavity), or inhale fluid or meconium into lungs at delivery.

  Nursing responsibilities – Evaluate respirations frequently and for consequences of asphyxia.

- **Congenital malformations and/or infections** – SGA babies are more inclined to have congenital defects at birth. It is possible that the mother could have an infection during pregnancy and the infection is present at birth.

  Nursing responsibilities – Assess for malformations and congenital infections.

- **Polycythemia** – SGA babies frequently have thick blood from increased numbers of red blood cells and high hematocrits and hemoglobins. This may lead to severe problems by clogging vessels in the head and lung.

  Nursing responsibilities – Be aware of hematocrit level; assess respiratory status.

LGA NEONATES

Large for gestational age (LGA) babies may be pre-term or post-term. The LGA babies will fall above the 90 percentile line when measurements are plotted on side 2 of the gestational age scale. There has been a tendency to believe that "big" babies are healthy babies. Some large babies are not healthy. Nurses must observe these babies carefully.

Typical problems for LGA and nursing responsibilities

- **Hypoglycemia** – LGA babies are often born to women with diabetes mellitus. These babies may have high insulin levels, and after they are born and cut off from their mother's blood sugar supply, the babies' blood sugar will fall. Hypoglycemia may lead to CNS depression, respiratory depression and decreased cardiac output. Any LGA baby should be watched carefully for low blood sugar whether or not the mother is a known diabetic.

  Nursing responsibilities – Obtain blood sugar screening tests as ordered.

- **Respiratory Distress Syndrome** (RDS) – Babies born to mothers with diabetes mellitus have a higher incidence of respiratory distress syndrome.

  Nursing responsibilities – Assess respirations and color frequently.

- **Birth injury** – A difficult labor and delivery may result from the large size of the baby in relationship to the size of the mother. It may be necessary to use instruments to help deliver the baby.

  Nursing responsibilities – Assess for birth injuries and for consequences of asphyxia.

OBJECTIVE 4

Choose the word or phrase to complete statements about hypothermia and hyperthermia.

Hypothermia can cause an otherwise healthy neonate to become sick. Regulating a neonate's body temperature with external equipment may be necessary to avoid cold stress. Neonates produce heat by using oxygen and calories to burn brown fat. When cold, they increase their metabolic rate, which can cause hypoglycemia, acidosis, and hypoxia. Checking a neonate's temperature is the best way to know if it is cold. Neonates do not shiver. Heat may be lost by any combination of conduction, convection, evaporation, and radiation.

Neonates at risk for hypothermia

- Pre-term
- SGA
- Sick

Neonates at risk for hyperthermia

Hyperthermia can create stress in neonates, causing them to increase their respiratory, heart, and metabolic rates.

- In incubators
- Under radiant warmers
- Under phototherapy lights.

Procedures for preventing hyperthermia

- Take the neonates's temperature frequently when in an incubator or under radiant warmers or bililights.
- Use skin probes.

OBJECTIVE 5

Choose the word or phrase to complete statements about measuring neonatal temperature.

A temperature of 37° C. or 98.6° F. is considered a normal axillary temperature. (Rectal temperatures are usually 1° higher.) An abdominal skin temperature of 36.5° C. or 97.7° F. is considered normal. All neonates will not have these exact temperatures at all times, but these normal values should be the goal.

- **Rectal** - Usually the first temperature taken after delivery; gives a good estimate of core body temperature and checks patency of the anus.

  NOTE: Rectal temperatures are not recommended for frequent, routine vital signs. They may perforate the colon or cause cardiorespiratory instability.

- **Axillary** – The best method for taking temperatures for frequent routine vital signs; the neonate's arm should be kept close to its side while its temperature is taken.
- **Abdominal skin** – A convenient method for measuring body temperature when the neonate requires a skin probe, for example as when using a radiant warmer. The neonate's temperature should also be checked periodically with a standard glass thermometer because skin temperatures will be lower than axillary or rectal.
- **Tympanic temperature** – An electronic probe is placed into the outer ear canal and measures the energy given off by the tympanic membrane. It registers temperature in 1 to 2 seconds.

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OBJECTIVE 6

Choose the word or phrase to complete statements about neonatal hypoglycemia.

Hypoglycemia occurs when the glycogen reserves are depleted, causing a decrease in blood glucose. Untreated hypoglycemia in neonates can result in CNS depression, respiratory depression, and decreased cardiac output.

Neonates at risk to develop hypoglycemia are

- Infants of diabetic mothers
- LGA
- SGA
- Pre-term
- Post-term
- Sick or stressed
- Polycythemic
- Taking nothing by mouth

ASSESSMENT

Signs and symptoms

- Jitteriness
- Tremors
- Seizures
- Apnea
- Lethargy

NURSING INTERVENTIONS

NOTE: Low blood sugar levels must be brought up quickly. Hypoglycemia occurs when blood sugar levels read below 40 mg/100ml with a urine testing strip or below 30 mg/100ml by laboratory run test.

- Check blood sugar levels.
- Report low blood sugar levels.
- Proceed as ordered based on glucose level.

OBJECTIVE 7

Choose the word or phrase to complete statements about hyperbilirubinemia.

Hyperbilirubinemia is an elevated level of bilirubin in the blood which makes the neonate's skin look jaundiced (yellow). It can cause brain damage if untreated.

Bilirubin is dangerous when it leaves the blood and enters the brain. Most experts agree that more than 20 mg/dl of bilirubin is dangerous for any infant and may be toxic to some infants at levels below 20 mg/dl. (Levels are less for preterm infants.)

Bilirubin levels are high in neonatal blood because a large number of red blood cells break down quickly and the liver removes only small amounts of bilirubin.

Common causes

- Physiologic – Undersecretion from an immature liver and/or sluggish excretion from the gastrointestinal tract.
- Hemolytic – An antibody from the mother causes a faster than normal breakdown of the neonate's red blood cells.
- Sepsis – The infection causes red blood cells to break down faster and the liver to function poorly.

Treatment

- Phototherapy – Fluorescent lights have been shown to be effective in lowering bilirubin levels.
- Exchange transfusion – An exchange is made between the infant's blood and that of a donor with normal bilirubin levels. This procedure has more risks and is done only after phototherapy has been ineffective.
- Hydration – Increase fluid intake to promote excretion of bilirubin.

OBJECTIVE 8

List signs and symptoms of congenital heart disease.

Congenital heart disease refers to a structural abnormality present at birth. These defects interfere with normal oxygenation of the blood after birth. Diagnosis is made by a physician, usually a pediatric cardiologist.

The circulation of blood through the heart and lungs normally changes during the neonatal period and can cause difficulty in the detection of structural disorders. Signs of cardiac distress may be assigned to other systems by mistake.

Signs and Symptoms

- Cyanosis
- Tachycardia
- Tachypnea
- Activity intolerance
- Failure to thrive
- Murmurs

OBJECTIVE 9 **Match types of congenital heart disease to their definitions.**

In most cases surgical correction of the following disorders is the treatment of choice, depending on the condition of the infant, the extent of the defect, and the risk involved in the repair.

- **Patent ductus arteriosus** – A condition in which the ductus arteriosus does not close, which forces well oxygenated blood from the aorta back into the pulmonary circulation, increasing the workload of the left ventricle and increasing the pulmonary blood pressure.
- **Ventricular septal defect** – The presence of an opening between the two ventricles; the disturbance of heart function will depend on the size and position of the defect.
- **Tetralogy of Fallot** – A heart condition characterized by the presence of four classic features:
    - Interventricular septal defect
    - Pulmonary stenosis
    - Overriding aorta
    - Right ventricular hypertrophy
- **Transposition of the great vessels** – A condition in which the pulmonary artery originates from the left ventricle, the aorta arises from the right ventricle. The two classic features are congestive heart failure and cyanosis.

OBJECTIVE 10

List signs and symptoms of respiratory distress.

Any respiratory distress should be treated immediately with supportive measures. Neonates showing signs of respiratory distress beyond the first hour of life or with cyanosis may require emergency treatment.

Signs and symptoms of respiratory distress

- **Tachypnea** – Sustained respirations greater than 60 per minute
- **Intercostal retractions** – The skin between the ribs is pulled in as the neonate tries to expand the lungs.
- **Nasal flaring** – The nostrils widen with each inspiration.
- **Grunting** – Noise, whine, or cry heard with each expiration
- **Cyanosis** – Generalized blueness (observe mucous membranes)

OBJECTIVE 11

Choose the word or phrase to complete statements about neonates with respiratory distress.

Neonates showing signs of respiratory distress beyond the first hour of life or with cyanosis may require emergency treatment.

Causes

Respiratory distress has many causes, including obstructive problems, primary lung disorders, and nonpulmonary problems.

- **Obstructive problems** – Infants breathe through their noses; respiratory distress will result if anything obstructs their nasal passages. Problems include:
  - Mucus
  - Misplaced phototherapy mask
  - Choanal atresia (congenital obstruction of the nasal passage)
- **Associated respiratory problems** –
  - Pneumothorax
  - Diaphragmatic hernia (congenital defect in the diaphragm)

- **Primary lung problems** – The most common primary lung disease is RDS, Respiratory Distress Syndrome. It is caused by immature lungs which are unable to produce surfactant, a substance that coats the alveoli and allows them to remain open during exhalation. Without surfactant the alveoli collapse during exhalation and the lungs are stiff and difficult to inflate. Problems include:

  - Prematurity

  - Meconium aspiration

  - Bacterial pneumonia

- **Nonpulmonary causes** – Anything that causes an abnormally high or low blood flow to the lungs, an increased demand for oxygen, or a decreased number of red blood cells may result in respiratory distress.

  - Blood loss

  - Hypotension

  - Congenital heart disease

  - Asphyxia

  - Cold stress

  - Anemia

  - Polycythemia

Signs and Symptoms

- Tachypnea – Sustained respirations greater than 80 per minute

- Intercostal retractions – The skin between the ribs is pulled in as the neonate tries to expand the lungs.

- Nasal flaring – The nostrils widen with each inspiration

- Grunting – Noise, whine, or cry heard with each expiration

- Cyanosis – Generalized blueness (observe mucous membranes)

Neonates at risk for respiratory distress include

- Pre-term
- Asphyxiated
- Infants of diabetic mothers
- Infants born by cesarean section
- Infants born to mothers with fever, prolonged rupture of membranes, or foul smelling/cloudy amniotic fluid
- Meconium staining
- Cold stressed

Assessment

- Monitor vital signs
- Screening tests (ordered by the physician) hematocrit, blood glucose
- WBC count and differential, arterial blood gases, chest x-ray

Treatment

Any infant with tachypnea, intercostal retraction, nasal flaring, or grunting persisting beyond the first hour of life or with cyanosis at any time should have emergency treatment. The goals for treatment are to improve oxygen delivery to the lungs and to minimize consumption of oxygen.

NOTE: Most interventions are done by the registered nurse, the practical nurse should be familiar with the routine and assist as needed and as trained.

Nursing Interventions

- Stabilize vital signs.
- Provide oxygen therapy (warmed and humidified).

  NOTE: Oxygen is the drug of choice for respiratory distress.
- Insert nasogastric tube.
- Hold oral feeding.
- Handle infant as little as possible.

OBJECTIVE 12

Choose the word or phrase to complete statements about neonatal neurologic and musculoskeletal disorders.

Neurologic disorders

Treatment of neurological problems consists of detecting the cause through careful study of the neonate's history and by physical assessment. Some problems will be self-limiting while others may impair the neonate's intellectual capabilities and will require varying lengths of treatment.

- Disruption of normal neurological function causes abnormal functioning of other systems such as:

  - Respiratory System

    - Respiratory distress
    - Apnea

  - Gastrointestinal System

    - Inadequate feeding patterns

  - Musculoskeletal System

    - Muscular weakness (Floppy "Rag Doll" Baby)

Musculoskeletal disorders

Disorders of the musculoskeletal system may be due to congenital defects or to trauma during the birth process.

OBJECTIVE 13

Choose the word or phrase to complete statements about neonatal gastrointestinal distress.

Patency of the entire gastrointestinal tract cannot be proved until stool composed of digested formula is observed. Early detection of gastrointestinal problems is essential to prevent further complications such as:

- Aspiration of vomitus or secretions

- Dehydration

- Electrolyte imbalance

- Respiratory distress

- Necrosis of gastrointestinal tissue

Signs and symptoms

- Poor feeding
- Repeated vomiting

  NOTE: Vomiting is different from regurgitation because it is forceful and involves abdominal muscles and the diaphragm.

- Abdominal distention
- Failure to pass meconium stool
- Inability to suck successfully
- Inappropriate stool pattern

  EXAMPLES: Watery, frequent, abnormal color, abnormal content

Nursing Interventions

- Discontinue or modify oral feedings.

  NOTE: For allergy treatment, feedings may be changed, not discontinued. For cleft lip/palate, special feeding devices may be used.

- Assist with nutritional maintenance by alternate routes (usually peripheral IV).
- Monitor vital signs frequently.
- Provide emotional support to the parents.
- Report and record information accurately.

OBJECTIVE 14

Choose the word or phrase to complete statements about neonates with infection.

- While in utero, the fetus normally has not been exposed to any bacteria and has not had the opportunity to develop resistance to specific bacteria. Neonates are less capable of handling infections than are older children and adults because:
  - Defense mechanisms are immature.
  - Antibodies against specific bacteria have not developed.

  - Antibody levels may be low.
  - All neonates have low amounts of IGM antibody.

- **Types of neonatal infection**

  The majority of neonatal infections can be categorized in one of four groups:

  - Acute life threatening infections of the blood (high mortality rate)
  - Localized infections
  - Congenital intrauterine infections

    NOTE: An acronym that will help you remember congenital intrauterine infections is TORCHS – toxoplasmosis, rubella, cytomegalovirus, herpes simplex, syphilis)

  - AIDS

    NOTE: These infants may also be at high risk for AID's and nurses should follow hospital policies for self-protection.

- **Infants at risk for infection**

  Infection may be due to

  - Rupture of membranes longer than 12 hours
  - Labor longer than 15 hours
  - Maternal fever
  - Maternal illness (varicella, gastroenteritis)
  - Preterm delivery
  - Mother has genital herpes simplex sores at the time of rupture of the membranes
  - Birth canal colonized with group B hemolytic streptococcus
  - Any foreign body, such as an umbilical catheter

Assessment

- Signs and symptoms
  - Changes in vital signs
  - Changes in feeding pattern
  - Change in activity
- Vital signs – Tachypnea, reduced temperature, marked increase or decrease in heart rate, hypotension
- Activity level – Reduced, lethargy, decreased tone
- Color – Pale, mottled, cyanosis, jaundice
- Abdomen – Distension, vomiting
- Skin – Swelling, warmth, pustules, petechiae, blisters

Nursing Interventions

The practical nurse will assist the physician in carrying out some interventions, other interventions will be performed by a registered nurse.

NOTE: GOOD HAND WASHING before and after handling each infant is the single most important technique for preventing the spread of infection.

- Provide supportive care – Heart rate monitor, IV line, vital signs, blood sugar screening
- Obtain cultures and laboratory tests – Blood cultures, chest x-ray, white blood count with differential
- Administer antibiotics
- Neonates should be isolated from other infants when they have:
  - Diarrhea
  - Bacterial or viral pneumonia
  - Open wound infections
  - Staphylococcal infections
  - Congenital infections
  - AIDS

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NEONATES WITH AIDS

Acquired Immune Deficiency Syndrome is a disease caused by a virus that damages the body's immune system. The virus is called human T-cell lymphotropic virus, Type III (HTLV-III).

Signs and Symptoms

- Fever
- Fatigue
- Loss of appetite and weight
- Night sweats
- Unexplained diarrhea
- Swollen glands in the neck, axilla, and groin
- Dry cough
- Unexplained skin lesions
- Persistent yeast infections

In most cases neonatal AIDS is contracted by an infected mother transmitting it to her baby during or immediately after pregnancy. The neonate with AIDS poses a potential problem for medical personnel who will come in contact with contaminated blood and secretions. Universal precautions should be instituted and followed.

Due to AIDS and rampant drug abuse, many babies become **boarder babies.** These are babies who spend all or most of their lives in the hospital. The parents of these babies may be sick or have died from AIDS, so they are unable to care for their children. Neonates with AIDS are hard to place in foster care because of the stigma attached to the disease.

Hospitals in cities with large populations of drug addicts have had this baby crisis for years. In many cases the only mother these children will know is a nurse. Many hospitals have had to make adjustments in policy and care to accommodate growing infants and children. Some children spend their entire lives in the hospital. It is a serious problem, but nurses are making a difference through education and caring.

JOB SHEETS 1 & 2

Development of:
READING SKILLS
WRITING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, mathematics, science, oral communication, interpersonal or relating, and employability skills are important.
- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  MATHEMATICS

  - Using English & metric measures
  - Interpreting charts & tables
  - Collecting/recording data
  - Making measurements

  SCIENCE

  - Using scientific instruments (thermometer, radiometer)
  - Investigating/applying principles of human development

- Investigating/applying principles of anatomy/physiology
- Investigating health issues

ORAL COMMUNICATION

- Giving/following oral directions
- Analyzing/applying non-verbal communication
- Communicating with clients/customers/patients

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients
- Obtaining confidence of others

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information
- Identifying critical elements/issues

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients/patients

- If students have difficulty gaining factual information:
  - Suggest they read carefully, noting key words and ideas.
  - Instruct them to list the questions they hope to answer.
- If students have difficulty interpreting forms and records:
  - Examine the structure of the forms being used.
  - Review the terminology on the form.
- If students have difficulty following written instructions:
  - Discuss the possible consequences of not following instructions precisely.

  - Have them read the instructions several times, noting the key words and ideas.

- If students have difficulty completing forms and records:
  - Examine the structure of the forms being used.
  - Stress the importance of accurate, legible records.
  - Review charting procedures.

- If students have difficulty using English and metric measures or making measurements:
  - Review units of measure.
  - Demonstrate the measuring instruments and discuss their calibration systems.

- If students have difficulty interpreting charts and tables:
  - Review the structure of the charts or tables.
  - Discuss the information that is contained in the chart or table.
  - Demonstrate the use of the chart or table.
  - Have students review documentation unit in *Nursing Principles and Skills* or other text.

- If students have difficulty collecting and recording data or making measurements:
  - Stress the importance of accuracy in recording data.
  - Discuss the structure of the forms being used.

- If students have difficulty using scientific instruments (thermometer, radiometer):
  - Review the correct procedures for their use.
  - Team them with students proficient in their use and allow students to observe the procedure repeatedly, then practice using the instrument before they begin their practical application tests.

- If students have difficulty investigating/applying principles of human development:
  - Discuss the importance of understanding human development in becoming a professional nurse.
  - Discuss the neonatal development.
  - Review relevant units of the text.
  - Discuss the importance of recognizing normal and abnormal human development in caring for a neonate with potential problems.
- If students have difficulty investigating/applying principles of anatomy/physiology:
  - Review the characteristics of neonates.
  - Discuss the importance of understanding the principles of anatomy/physiology in assessing neonates with potential problems.
- If students have difficulty investigating health issues:
  - Discuss health issues that could affect the neonate.
  - Discuss the importance of being able to investigate health issues in early detection and treatment of problems.
- If students have difficulty giving/following oral directions:
  - Review the procedure.
  - Review the guidelines for presenting information in the relevant units of the text.
  - Remind them to arrange the directions in a logical sequence.
  - Review communication skills.
- If students have difficulty analyzing/applying non-verbal communication
  - Discuss some ways in which patients reveal information non-verbally.

    EXAMPLES:

    Body positions
    Mannerisms
    Tone of voice

    Facial expressions
    Movements

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  - Discuss some ways in which the student can convey information non-verbally.
  - Discuss the importance of non-verbal communication in caring for the neonate.
- If students have difficulty communicating with clients/customers/patients:
  - Suggest they role play nurse-family member communication scenes, focusing on the family member's expectations and perspective.
  - Discuss the importance of courtesy and how it affects nurse-client communication.
- If students have difficulty interacting with clients/customers/patients or applying non-verbal communication:
  - Have them identify their responsibilities as an employee and discuss how their actions meet those responsibilities.
  - Suggest phrases they can use regularly and have them practice the phrases, noting volume, grammar, and intonation.
  - Discuss the importance of body language and posture.
  - Suggest to students that, when dealing with a client, they concentrate on the client rather than working on other tasks.
- If students have difficulty obtaining confidence of others:
  - Suggest they review communication and interpersonal or relating skills.
  - Suggest they review their role in the procedure.
  - Discuss the impact their positive attitudes will have on the patient and the patient's family.
  - Discuss with a trusted professional the reasons that may be contributing to the lack of confidence.
- If students have difficulty collecting/recording information:
  - Discuss the importance of recording medical information accurately.
  - Instruct them to observe the patient carefully to obtain information.

  - Discuss the need for adequate and accurate observation and information to assure proper care for the patient.

- If students have difficulty identifying critical elements/issues:
  - Review the health issues that might affect the neonate.
  - Review the indications that a problem may exist with the neonate.
  - Remind them to review the physician's charts and the family history.
  - Stress the importance of this skill in caring for the neonate with potential problems.

- If students have difficulty mastering a specific job task/procedure:
  - Emphasize the fact that practice makes a person proficient and proficiency makes a person confident.
  - Suggest they study each component of the procedure to determine which area is causing difficulty.
  - Review the entire procedure.
  - Team them with proficient students or professionals to practice the procedure.

- If students have difficulty practicing good work habits/attitudes
  - Encourage the students to become familiar with the entire procedure before they begin the work.
  - Discuss the role that good work habits/attitudes have in obtaining and retaining employment.
  - Discuss what good work habits are. Make sure the students know what is expected of them.

- If students have difficulty dealing effectively with customers/clients/patients:
  - Discuss the importance of effective communication skills.
  - Review active listening skills and other communication techniques.
  - Discuss client/patient relations policies.

JOB SHEET 3

Development of:
READING SKILLS
WRITING SKILLS
MATHEMATICS SKILLS
SCIENCE SKILLS
ORAL COMMUNICATION SKILLS
INTERPERSONAL OR RELATING SKILLS
CREATIVE THINKING/PROBLEM SOLVING SKILLS
EMPLOYABILITY SKILLS

- Introduce the assignment to the students by discussing why reading, writing, mathematics, science, oral communication, interpersonal or relating, creative thinking/problem solving, and employability skills are important.

- Discuss with them the following skills which are relevant to this task:

  READING

  - Gaining factual information
  - Interpreting forms and records
  - Following written instructions

  WRITING

  - Completing forms and records

  MATHEMATICS

  - Using English & metric measures
  - Interpret charts and tables
  - Collecting/recording data
  - Making measurements

  SCIENCE

  - Using scientific instruments (blood glucose monitor)
  - Collecting specimens
  - Investigating/applying principles of human development
  - Investigating/applying principles of anatomy/physiology
  - Investigating health issues

ORAL COMMUNICATION

- Giving/following oral directions
- Analyzing/applying non-verbal communication
- Communicating with clients/customers/patients

INTERPERSONAL OR RELATING

- Analyzing/applying non-verbal communication
- Interacting with clients/customers/patients
- Obtaining confidence of others

CREATIVE THINKING/PROBLEM SOLVING

- Collecting/recording information
- Identifying critical elements/issues

EMPLOYABILITY

- Mastering a specific job task/procedure
- Practicing good work habits/attitudes
- Dealing effectively with customers/clients/patients

- If students have difficulty collecting specimens:
  - Review procedure for collecting samples.
  - Explain the necessity for keeping samples separate and labeled, and uncontaminated.
  - Allow students to practice collecting samples before completing the job sheet.
- For additional suggestions on teaching basic skills, refer to suggestions for Job Sheets 1 and 2.

JOB SHEET 1 — CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

V

OBJECTIVE 15 **Care for an infant in an incubator.**

INTRODUCTION

The incubator uses the principle of convection to provide heat. Currents of warm air surround the infant. Room temperature affects incubator wall temperature.

EQUIPMENT AND SUPPLIES

- Thermometer
- Stethoscope
- Incubator
- Clean linen
- Cuffs for portholes (if required)
- IV pole (if needed)
- Temperature probe and probe cover

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	___	___
2. Identify patient.	___	___
3. Observe patient's condition, chart any changes.	___	___
4. Determine if the infant is sick or at risk.	___	___
Planning		
1. Reassure family and explain procedure.	___	___
2. Prepare for procedure.	___	___
3. Plan how to transfer the infant and any attached equipment such as IV tubing or oxygen equipment.	___	___

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Math Application Skills
- Use English and metric measures

Data Analysis and Display Skills
- Interpret charts & tables
- Collect/record data

Functional Math Skills
- Make measurements

Implementation Yes No

1. Collect equipment. ___ ___
2. Wash your hands. ___ ___
3. Check room temperature, adjust as needed. ___ ___
4. Check incubator temperature: If temperature is correct, place infant inside. ___ ___

   NOTE: Temperature of incubator should be based upon thermoneutral environment, determined from a table that considers age and weight.

5. Close door as quickly as possible. ___ ___

   NOTE: Some newer models allow the nurse to work with the neonate with the doors open without heat loss.

6. Work through the appropriate opening to settle the infant. ___ ___
7. Close porthole. ___ ___
8. Check and record the incubator temperature. ___ ___
9. Check and record the neonate's temperature. ___ ___
10. Repeat every 15 minutes until stable. ___ ___
11. Attach thermometer probe to infant if available. ___ ___
12. Wash hands. ___ ___

Evaluation

1. Check room temperature for warmth. ___ ___

General Science Skills
- Use scientific instruments (thermometer, radiometer)

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/physiology
- Investigate health issues

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers/patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Leadership/Influencing Skills
- Obtain confidence of others

Cognitive Activities Skills
- Collect/record information
- Identify critical elements/issues

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/patients

	Yes	No
2. Verify incubator temperature is correct.	___	___
3. Verify that infant's temperature is stable.	___	___
Documentation		
Record procedure and how it was tolerated.	___	___

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Adjusted temperature accurately	4	3	2	1
Handled infant quickly and reassuringly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 2

CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

V

OBJECTIVE 16 **Administer phototherapy.**

INTRODUCTION Phototherapy exposes the neonate to specific wavelengths of light, which decompose bilirubin in the skin by oxidation.

EQUIPMENT AND SUPPLIES

- Phototherapy unit
- Radiometer OR card indicating number of hours the bulbs have been in use
- Thermometer
- Eye pads, mask, or patches
- Diaper

PROCEDURE

Assessment and Analysis	Yes	No
1. Check physician's orders.	___	___
2. Identify patient.	___	___
3. Observe patient for jaundice; chart any changes.	___	___
Planning		
1. Reassure family.	___	___
2. Prepare for procedure.	___	___
Implementation		
1. Collect equipment.	___	___
2. Wash your hands.	___	___
3. Set up phototherapy unit over the neonate's crib or incubator according to manufacturer's instructions.	___	___
4. Check that the bulbs have not been used longer than specified by the manufacturer or hospital policy.	___	___
5. Change bulbs if necessary.	___	___

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written instructions

Functional Writing Skills
- Complete forms & records

Math Application Skills
- Use English and metric measures

Data Analysis and Display Skills
- Interpret charts and tables
- Collect/record data

Functional Math Skills
- Make measurements

General Science Skills
- Use scientific instruments (thermometer, radiometer, blood glucose monitor)
- Collect specimens

Life Science Skills
- Investigate/apply principles of human development
- Investigate/apply principles of anatomy/ physiology
- Investigate health issues

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers/ patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/ customers/patients

Leadership/ Influencing Skills
- Obtain confidence of others

Cognitive Activities Skills
- Collect/record information
- Identify critical elements/issues

Job Acquisition/ Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients

	Yes	No
6. Explain procedure to parents.	___	___
7. Record the neonate's initial bilirubin level.	___	___
8. Wash hands.	___	___
9. Take neonate's temperature.	___	___
10. Place eye patches over neonate's eyes and secure to prevent retinal damage from the lights.	___	___

WARNING: Make sure the neonate's eyes are shut to prevent corneal abrasion.

	Yes	No
11. Undress the neonate to expose the maximum amount of skin and lay him on a diaper.	___	___
12. Turn on phototherapy lights, making sure there is nothing between the lights and the neonate.	___	___
13. Place radiometer probe in the middle of the crib to measure the amount of radiant energy.	___	___
NOTE: Radiometer should register 4 to 6 microwatts.	___	___
14. Take the neonate's temperature every 1 to 2 hours.	___	___
15. Monitor number and amount of urination and bowel movements.	___	___
16. Cleanse thoroughly after each bowel movement to avoid skin excoriation.	___	___
17. Reposition every few hours.	___	___
18. Feed the neonate every 3 to 4 hours and offer water between feeding.	___	___

	Yes	No
19. Check bilirubin levels as ordered at least every 24 hours.	___	___

WARNING: Notify physician if levels exceed 20 mg/dl.

	Yes	No
20. Check eye mask frequently to prevent slippage or eye exposure.	___	___
21. Change eye patches daily .	___	___
22. Wash hands.	___	___
23. Dispose of equipment and materials properly.	___	___
Evaluation		
Verify daily decrease in bilirubin levels.	___	___
Documentation		
Record:	___	___
1. Procedure now and every 8 hours at least	___	___
2. Bilirubin levels	___	___
3. Placement of eye patches and patch changes	___	___
4. Intake and output	___	___
5. Changes in skin, feeding, activity	___	___

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:				
Observed safety rules	4	3	2	1
Adjusted for procedure adequately	4	3	2	1
Operated equipment properly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

JOB SHEET 3

CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

V

OBJECTIVE 17 **Collect and read capillary blood sugar.**

INTRODUCTION

The blood glucose test is useful to screen for hypoglycemia. Be sure to know the screening test used in your hospital and modify the following procedure accordingly.

EQUIPMENT AND SUPPLIES

- Reagent strips
- Blood glucose monitor
- Sterile gauze pads or cotton balls
- Alcohol preps
- Disposable lancets
- Plastic bandage strips
- Watch with second hand
- Gloves

PROCEDURE

Assessment and Analysis Yes No

1. Check physician's orders. ___ ___
2. Identify patient. ___ ___
3. Observe patient's condition, chart any changes. ___ ___
4. Determine risk for hypoglycemia. ___ ___

Planning

1. Reassure family and explain procedure. ___ ___
2. Prepare for procedure. ___ ___

Implementation

1. Collect equipment. ___ ___
2. Wash your hands. ___ ___
3. Explain procedure to the infant's parents. ___ ___
4. Select a puncture site, either the heel or the great toe. ___ ___
5. Put on gloves. ___ ___

Reading Comprehension Skills
- Gain factual information

Functional Reading Skills
- Interpret forms and records
- Follow written

Functional Writing Skills
- Complete forms and records

Math Application Skills
- Use English and metric measures

Data Analysis and Display Skills
- Interpret Charts & tables
- Collect/record data

Functional Math Skills
- Make measurements

General Science Skills
- Use scientific instruments (thermometer, blood glucose monitor)

Life Science Skills
- Investigate/apply principles of human development
- investigate/apply principles of anatomy/physiology
- Investigate health issues

Interactive Communication Skills
- Give/follow oral directions
- Analyze/apply non-verbal communication
- Communicate with clients/customers/patients

General Relating Skills
- Analyze/apply non-verbal communication
- Interact with clients/customers/patients

Leadership/Influencing Skills
- Obtain confidence of others

Cognitive Activities Skills
- Collect/record information
- Identify critical elements/issues

Job Acquisition/Development Skills
- Master specific job task/procedure
- Practice good work habits/attitudes
- Deal effectively with customers/clients/patients

	Yes	No
6. Wipe puncture site with alcohol; dry it with gauze.	___	___
7. Pierce skin sharply with the lancet.	___	___
8. Wipe away the first drop of blood.	___	___
9. Cover reagent strip with blood.	___	___
10. Apply pressure to puncture site.	___	___
11. Leave blood on the strip for length of time specified.	___	___
12. Wash or blot as specified.	___	___
13. Insert into blood glucose monitor according to directions.	___	___
14. Read monitor.	___	___
15. After bleeding stops apply plastic bandage strip.	___	___
16. Dispose of equipment and materials properly.	___	___
Evaluation		
Follow physician's orders based upon outcome of test.	___	___
Document		
Record procedure, results, and interventions.	___	___

(End of Job Sheet)

SKILL TEST RECORD

EVALUATOR'S COMMENTS

____

____

____

PRODUCT EVALUATION

Evaluator note: Rate the student on the following criteria by circling the appropriate numbers. Each criterion must receive a rating of "3" or higher to demonstrate student mastery. (See Performance Evaluation Key.) A student who is unable to demonstrate mastery should review the material and submit another product for evaluation.

Criteria:

Observed safety rules	4	3	2	1
Used tools and equipment properly	4	3	2	1
Handled infant quickly and reassuringly	4	3	2	1
Made accurate documentation	4	3	2	1

EVALUATOR'S COMMENTS

____

____

____

AVERAGE RATING

Evaluator note: To obtain an average rating for the competency profile, total the designated points in "Product Evaluation" and divide by the total number of criteria. Circle the rating on the "Performance Evaluation Key" below.

PERFORMANCE EVALUATION KEY

4 **Skilled** – Can perform job with no additional training
3 **Moderately Skilled** – Has performed job during training program; limited additional training may be required
2 **Limited Skill** – Has performed job during training program; additional training is required to develop skill
1 **Unskilled** – Is familiar with process, but is unable to perform job

WRITTEN TEST

CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

V

OBJECTIVE 1

Match terms associated with neonates with potential problems to their definitions. Write the correct letter in the blank.

Part 1

_____ 1. Main storage form of glucose in the body

_____ 2. Increase in the pH of the blood commonly resulting from excessively rapid respirations by the neonate

_____ 3. The absence or blockage of a normal body orifice

_____ 4. Number of weeks that have passed from the mother's last menstrual period to the time at which you estimate the age of the baby

_____ 5. State of not being alert

_____ 6. Collapse of the alveoli and atelectasis resulting in difficult respirations and decreased oxygen exchange

_____ 7. Abnormally slow heartbeat

_____ 8. Act of restoring breathing/heartbeat/consciousness to the baby

a. acidosis

b. alkalosis

c. amniotic fluid

d. apnea

e. atresia

f. bradycardia

g. gestational age

h. glycogen

i. obtundation

j. respiratory distress syndrome

k. resuscitation

l. small for gestational age (SGA)

May be photocopied for student use.

Part 2

_____ 1. Lower than normal temperature

_____ 2. Decrease in the blood pH due to metabolic or respiratory disturbances; the neonate may have deep, regular, gasping respirations and mottled or grayish-colored skin

_____ 3. Without respiration

_____ 4. Deficiency of oxygen in the body tissues

_____ 5. Fluid that surrounds the fetus in the uterus

_____ 6. Lack of correspondence in shape, size, and relative position of parts on opposite sides of the body

_____ 7. Elevated or higher than normal temperature

_____ 8. Rapid respiration

a. acidosis

b. amniotic fluid

c. apnea

d. asymmetry

e. bradycardia

f. gestational age

g. glycogen

h. hypoglycemia

i. hyperthermia

j. hypothermia

k. hypoxia

l. respiratory distress syndrome

m. tachypnea

May be photocopied for student use.

Part 3

______ 1. Present and existing at birth

______ 2. Measurements of weight, length, and head circumference fall above the 90th percentile of the gestational age scale

______ 3. Measurements of weight, length, and head circumference fall below the 18th percentile of the gestational age scale

______ 4. Neonates born after 42 weeks gestation

______ 5. Neonates born before 37 weeks gestation

______ 6. Measurements of weight, length, and head circumference fall between the 10th and 90th percentile of the gestational age scale.

______ 7. Simple sugar found in blood and body fluids

______ 8. Low blood sugar

______ 9. Yellow color of skin, sclera, and mucous membrane resulting from elevated bilirubin levels

a. acidosis

b. appropriate for gestational age (AGA)

c. atresia

d. congenital

e. glucose

f. hyperthermia

g. hypoglycemia

h. hypoxia

i. jaundice

j. large for gestational age (LGA)

k. obtundation

l. preterm

m. post-term

n. small for gestational age (SGA)

OBJECTIVE 2

Choose the word or phrase to complete statements about at-risk and sick neonates. Write the correct letter in the blank.

_____ 1. Neonates needing immediate treatment are

a. sick neonates
b. at-risk neonates
c. large for gestational age
d. small for gestational age

_____ 2. The prognosis for at-risk neonates depends on continued, careful assessment of vital signs and

a. treatment for additional problems
b. gestational age
c. maternal recovery
d. incubation

_____ 3. Vital signs of the at-risk baby are

a. normal
b. abnormal
c. not related to at-risk status
d. radically fluctuating

_____ 4. A sick infant demonstrates some abnormality that requires

a. surgical intervention
b. administration of medications
c. immediate action
d. routine monitoring and assessment

_____ 5. "At-risk" neonates need more frequent observation or more

a. medications
b. nursing interventions
c. carefully controlled environments
d. surgical intervention

_____ 6. At-risk status is possible when any of the following are present EXCEPT:

a. abnormal maternal history
b. abnormal labor and delivery history
c. large or small size
d. appropriate for gestational age with normal delivery.

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OBJECTIVE 3

Choose the word or phrase to complete statements about potential problems of neonates. Write the correct letter in the blank.

_____ 1. Jaundice makes skin appear

a. yellow
b. gray
c. pale and waxy
d. rosy

_____ 2. Gestational dates assigned to the mother are

a. the main factor in determining neonate gestational age
b. not necessarily accurate and are used only as guidelines
c. usually more accurate than those assigned to the neonate
d. are basically meaningless

_____ 3. Neonates suffering apnea require all the following immediate nursing interventions EXCEPT

a. monitor hematocrit and blood sugar levels
b. monitor heart rate and/or respiration pattern with electronic equipment as ordered
c. report changes to the charge nurse or physician promptly
d. record information accurately on the chart.

_____ 4. Neonates with hypoglycemia and whose mother's are diabetic may have high insulin levels. After they are born and cut off from their mother's blood sugar supply, the babies' blood sugar will

a. rise rapidly
b. fluctuate
c. fall
d. rise quickly, then fall

_____ 5. Respiratory Distress Syndrome is due to immature lungs and may lead to

a. low blood pressure
b. reduced neonatal temperature
c. rapid, shallow breathing
d. low blood oxygen

May be photocopied for student use

_____ 6. If asphyxia occurs at birth of a post-term neonate, the baby may require

a. resuscitation
b. corrective surgery
c. long-term monitoring
d. care for resulting heart/lung damage

_____ 7. LGA babies will fall above the

a. 75 percentile line
b. 80 percentile line
c. 85 percentile line
d. 90 percentile line

_____ 8. LGA babies are often born to women with

a. hypertension
b. diabetes mellitus
c. obesity
d. hypoglycemia

_____ 9. When hyperbilirubinemia occurs, the body cannot get rid of excess bilirubin because

a. congenital defects block expulsion
b. the liver produces excess bilirubin
c. the liver is immature
d. circulation is repressed

_____ 10. When weight, length, and head circumference are plotted on the scale, SGA babies will fall below the

a. 15 percentile line
b. 10 percentile line
c. 5 percentile line
d. 2 percentile line

_____ 11. In cases of hypoglycemia, low sugar stores may lead to

a. respiratory depression
b. urinary system failure
c. failure to thrive
d. arrhythmia

May be photocopied for student use.

_____ 12. A nurse caring for a pre-term neonate with anemia should be aware of the

a. hematocrit level
b. bilirubin level
c. blood sugar level
d. blood pressure

_____ 13. Low blood pressure in the pre-term neonate can result from a loss of blood at the time of delivery, an infection, or

a. low blood sugar levels
b. too much oxygen in the blood
c. alkalosis
d. acidosis

_____ 14. Post-term neonates are born after

a. 40 weeks gestation
b. 42 weeks gestation
c. 44 weeks gestation
d. 46 weeks gestation

_____ 15. Post-term babies are more likely to have aspirated the meconium following delivery and developed

a. pneumonia or a pneumothorax
b. pneumonia or polycythemia
c. polycythemia or a pneumothorax
d. pneumonia, polycythemia, or a pneumothorax

_____ 16. Post-term babies may develop hypoglycemia because they have

a. low body temperatures
b. high body temperatures
c. low sugar stores
d. high sugar stores

_____ 17. Congenital malformations and/or infections are most likely in

a. LGA babies
b. SGA babies
c. pre-term babies
d. post-term babies

May be photocopied for student use.

_____ 18. Polycythemia may lead to severe problems by clogging vessels in the

a. head and lung
b. head and heart
c. heart and lung
d. head, heart, and lung

_____ 19. Potential problems for pre-term neonates include all the following EXCEPT:

a. asphyxia
b. respiratory distress syndrome
c. hypoglycemia
d. hypothermia

_____ 20. To prevent hypothermia in a pre-term neonate, the nurse should take the baby's temperature frequently and

a. wrap the infant in several warm blankets
b. hold the infant as much as possible
c. warm infant formulas before feeding
d. place in the appropriate environmental temperature

_____ 21. Apnea may develop in pre-term neonates, possibly causing the baby to experience all the following EXCEPT

a. bradycardia
b. breath with quick, shallow gasps
c. blueness
d. oxygen deficiency

_____ 22. A pre-term baby often cannot coordinate sucking, swallowing, and breathing so that

a. food may go into the lungs instead of the stomach
b. milk is regurgitated
c. nutrients are not absorbed
d. the baby must be breast-fed

_____ 23. Pre-term babies are those born before

a. 33 gestational weeks
b. 35 gestational weeks
c. 37 gestational weeks
d. 39 gestational weeks

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_____ 24. Pre-term babies with anemia may require

a. a higher temperature environment
b. a blood transfusion
c. exposure to bili-lamps
d. IV fluids

_____ 25. Pre-term babies can be

a. small for gestational age
b. small or average for gestational age
c. average or large for gestational age
d. small, average, or large for gestational age

_____ 26. Nursing care for pre-term neonates should include frequent checks of

a. alertness
b. reflexes
c. respiration
d. heart rate

_____ 27. Hypoglycemia can lead to

a. circulatory damage
b. respiratory depression
c. liver damage
d. digestive system damage

_____ 28. Characteristics of SGA infants include

a. protruding abdomen
b. overriding sutures
c. large amount lanugo
d. large head

_____ 29. Causes of SGA infants include

a. poor maternal nutrition and maternal substance abuse
b. intrauterine infections and maternal diabetes
c. birth injuries and maternal cigarette smoking
d. congenital malformations and maternal hypothermia

May be photocopied for student use.

OBJECTIVE 4 **Choose the word or phrase to complete statements about hypothermia and hyperthermia.** Write the correct letter in the blank

_____ 1. Neonates produce heat by using oxygen and

a. carbon dioxide
b. acids
c. calories
d. fluids

_____ 2. When cold, neonates increase their metabolic rate, which can cause hypoglycemia, acidosis, and

a. hyperglycemia
b. apnea
c. anemia
d. hypoxia

_____ 3. To determine if a neonate is cold,

a. check the neonate's temperature
b. feel the neonate's skin
c. check for neonatal shivering
d. observe for behavioral signals such as restlessness or crying

_____ 4. Neonates ar risk for hyperthermia include all of the following EXCEPT those

a. in incubators
b. under radiant warmers
c. under photo therapy lights
d. with infections

_____ 5. A method to prevent hyperthermia is

a. taking neonate's temperature frequently
b. warming all feeding fluids and formulas
c. encouraging physical movement
d. bathing neonates with warm water

May be photocopied for student use.

OBJECTIVE 5

Choose the word or phrase to complete statements about measuring neonatal temperature. Write the correct letter in the blank.

_____ 1. Abdominal skin temperature considered normal at

a. 36.5° C. or 97.7° F.
b. 37° C. or 98.6° F.
c. 38° C. or 99.6° F.
d. 39° C. or 100° F.

_____ 2. The first temperature taken after delivery is usually

a. oral
b. abdominal skin
c. rectal
d. axillary

_____ 3. The best method for taking temperatures for frequent routine vital signs is

a. oral
b abdominal skin
c. rectal
d. axillary

_____ 4. Skin temperatures will be

a. higher than axillary or rectal
b. lower than axillary but higher than rectal
c. higher than axillary but lower than rectal
d. lower than axillary or rectal

OBJECTIVE 6

Choose the word or phrase to complete statements about neonatal hypoglycemia. Write the correct letter in the blank.

_____ 1. Neonates at risk of developing hypoglycemia include LGA and SGA, pre- and post-term, sick or stressed, and all the following EXCEPT

a. infants of hypertensive mothers
b. infants of diabetic mothers
c. polycythemic
d. taking nothing by mouth

May be photocopied for student use.

_____ 2. Signs and symptoms of hypoglycemia include jitteriness, tremors, seizures, apnea and

a. hyperactivity
b. excessive crying
c. lethargy
d. lack of appetite

_____ 3. Hypoglycemia occurs when the glycogen reserves are depleted, causing the blood glucose levels to

a. elevate
b. decrease
c. fluctuate
d. deplete

OBJECTIVE 7

Choose the word or phrase to complete statements about hyperbilirubinemia. Write the correct letter in the blank.

_____ 1. Sepsis is an infection which may cause hyperbilirubinemia due to

a. red blood cells breaking down faster and the liver functioning poorly
b. red blood cells reproducing more quickly and the liver over-producing bilirubin
c. white blood cells breaking down faster and the liver functioning poorly
d. white blood cells reproducing more quickly and the liver over-producing bilirubin

_____ 2. When hyperbilirubinemia is caused by undersecretion from an immature liver and/or sluggish excretion from the gastrointestinal tract, it is called

a. physiologic
b. hemolytic
c. sepsis
d. toxic

_____ 3. Bilirubin levels are high in neonatal blood because

a. the liver produces large amounts of bilirubin in response to the stress of birth
b. a small number of red blood cells are produced, causing bilirubin to concentrate in skin tissues
c. a large number of red blood cells break down quickly and the liver removes only small amounts of bilirubin
d. the liver produces a large number of red blood cells

May be photocopied for student use.

_____ 4. Bilirubin is dangerous when it leaves the blood and enters the

a. heart
b. lungs
c. liver
d. brain

_____ 5. Treatments for hyperbilirubinemia include increasing fluid intake and exposing the infant to

a. incandescent lights
b. direct sunlight
c. fluorescent lights
d. sun lamps

_____ 6. Hyperbilirubinemia brought on by an antibody from the mother causing a faster than normal breakdown of the neonate's red blood cells is called

a. physiologic
b. hemolytic
c. sepsis
d. toxic

OBJECTIVE 8 **List signs and symptoms of congenital heart disease.**

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5 ____________________
6. ____________________

May be photocopied for student use.

OBJECTIVE 9 **Match types of congenital heart disease to their definitions.** Write the correct letter in the blank.

_____ 1. A condition in which the ductus arteriosus does not close, which forces well oxygenated blood from the aorta back into the pulmonary circulation, increasing the workload of the left ventricle and increasing the pulmonary blood pressure

_____ 2. The presence of an opening between the two ventricles; the disturbance of heart function will depend on the size and position of the defect

_____ 3. A heart condition characterized by the presence of four classic features: interventricular septal defect, pulmonary stenosis, overriding aorta, right ventricular hypertrophy

_____ 4. A condition in which the pulmonary artery originates from the left ventricle, the aorta arises from the right ventricle; the two classic features are congestive heart failure and cyanosis.

a. ductus tetralogy of fallot

b. patent ductus arteriosus

c. patent septal defect

d. tetralogy of Fallot

e. transposition of the great vessels

f. ventricular septal defect

g. ventricular uctus defect

OBJECTIVE 10 **List signs and symptoms of respiratory distress.**

1. ____

2. ____

3. ____

4. ____

5 ____

May be photocopied for student use.

OBJECTIVE 11

Choose the word or phrase to complete statements about neonates with respiratory distress. Write the correct letter in the blank.

_____ 1. Tachypnea is sustained respirations greater than

a. 50 per minute.
b. 60 per minute
c. 70 per minute
d. 80 per minute

_____ 2. Obstructive problems can be caused by all the following EXCEPT

a. mucus
b. misplaced phototherapy mask
c. feeding difficulties
d. congenital obstructions

_____ 3. RDS is caused by immature lungs which are unable to produce

a. surfactant
b. alveoli
c. meconium
d. bacteria

_____ 4. Neonates most at risk for respiratory distress include all the following EXCEPT

a. infants of diabetic mothers
b. infants born by cesarean section
c. LGA infants
d. infants born to mothers with fever, prolonged rupture of membranes, or foul smelling/cloudy amniotic fluid

_____ 5. Neonates may require emergency treatment if they show signs of respiratory distress beyond the first

a. 15 minutes of life
b. 30 minutes of life
c. 1 hour of life
d. 3 hours of life

May be photocopied for student use

_____ 6. When intercostal retractions occur, the skin between the ribs

a. constricts the lungs, preventing inhalation
b. is pulled in as the neonate tries to expand the lungs
c. constrict the esophagus
d. is attached to the diaphragm

_____ 7. Nonpulmonary causes of respiratory distress include anything that causes any of the following EXCEPT

a. abnormally high or low blood flow to the lungs
b. increased levels of blood sugar
c. an increased demand for oxygen
d. a decreased number of red blood cells

_____ 8. Assessment of neonatal distress can include all the following EXCEPT

a. EKG readings
b. monitoring vital signs
c. hematocrit blood glucose tests
d. WBC count and differential arterial blood gases chest x-ray

_____ 9. Surfactant allows the alveoli to remain

a. closed during inhalation
b. closed during exhalation
c. open during inhalation
d. open during exhalation

_____ 10. During nasal flaring, the nostrils

a. widen with each inspiration
b. widen with each exhalation
c. close with each inspiration
d. close with each exhalation

_____ 11. Nursing intervention for neonates with respiratory distress include all the following EXCEPT

a. providing warmed and humidified oxygen therapy
b. inserting a nasogastric tube
c. handling the infant as little as possible
d. increasing neonatal fluid intake

May be photocopied for student use.

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OBJECTIVE 12

Choose the word or phrase to complete statements about neonatal neurologic and musculoskeletal disorders. Write the correct letter in the blank.

_____ 1. Disorders of the musculoskeletal system may be due to congenital defects or to

- a. fetal malnourishment
- b. fetal positioning
- c. trauma during the birth process
- d. maternal hypertension

_____ 2. Treatment of the neurological problems consists of detecting the cause through careful study of the neonate's history and by

- a. physical assessment
- b. tracking growth and development
- c. monitoring vital signs
- d. carefully assessing the mother's history

OBJECTIVE 13

Choose the word or phrase to complete statements about neonatal gastrointestinal distress. Write the correct letter in the blank.

_____ 1. Patency of the entire gastrointestinal tract cannot be proved until

- a. meconium stool is observed
- b. stool composed of digested formula is observed
- c. solid food is digested
- d. milk is digested

_____ 2. When gastrointestinal distress occurs, oral feedings should be

- a. discontinued
- b. changed to an alternate food
- c. encouraged
- d. put on a strict, regular schedule

_____ 3. Signs and symptoms of gastrointestinal distress include all the following EXCEPT

- a. poor feeding
- b. repeated vomiting
- c. abdominal distention
- d. elevated temperature

May be photocopied for student use.

_____ 4. Complications of gastrointestinal distress include all the following EXCEPT

a. aspiration of vomitus or secretions
b. brain damage
c. electrolyte imbalance
d. respiratory distress

OBJECTIVE 14

Choose the word or phrase to complete statements about neonates with infection. Write the correct letter in the blank.

_____ 1. Neonates should be isolated from other infants when they have all the following EXCEPT

a. diarrhea
b. bacterial or viral pneumonia
c. open wound or staphylococcal infections
d. elevated temperature

_____ 2. Neonatal defense mechanisms are immature and neonates are less capable of handling infections than are older children and adults because of all the following EXCEPT

a. antibodies against specific bacteria have not developed
b. antibody production has not begun
c. antibody levels may be low
d. all neonates have low amounts of IGM antibody

_____ 3. While in utero, the fetus normally has not been exposed to

a. stress
b. antibodies
c. bacteria
d. disease

_____ 4. Signs and symptoms of neonatal infection include changes in vital signs, feeding pattern, or

a. crying patterns
b. sleep patterns
c. activity
d. reflex actions

May be photocopied for student use.

_____ 5. Infection may be due to any of the following EXCEPT

a. post-term delivery
b. rupture of membranes longer than 12 hours or labor longer than 15 hours
c. maternal fever or illness
d. foreign body, such as an umbilical catheter

NOTE: Objectives 15-17 are evaluated on the job sheets in this unit. If you have not completed these components, see your instructor.

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WRITTEN TEST ANSWERS

CARE FOR THE NEONATE WITH POTENTIAL PROBLEMS

V

OBJECTIVE 1

Part 1

1. h
2. b
3. e
4. g
5. i
6. j
7. f
8. k

Part 2

1. j
2. a
3. c
4. k
5. b
6. d
7. i
8. m

Part 3

1. d
2. j
3. n
4. m
5. l
6. b
7. e
8. g
9. i

OBJECTIVE 2

1. a
2. a
3. a
4. c
5. b
6. d

OBJECTIVE 3

1. a
2. b
3. a
4. c
5. d
6. a
7. d
8. b
9. c
10. b
11. a
12. a
13. d
14. b
15. a
16. c
17. b
18. a
19. a
20. d
21. b
22. a
23. c
24. b
25. d
26. c
27. b
28. d
29. a

OBJECTIVE 4

1. c
2. d
3. a
4. d
5. a

OBJECTIVE 5

1. a
2. c
3. d
4. d

OBJECTIVE 6

1. a
2. c
3. b

OBJECTIVE 7

1. a
2. a
3. c
4. d
5. c
6. b

OBJECTIVE 8

Answers must include:

- Cyanosis
- Tachycardia
- Tachypnea
- Activity intolerance
- Failure to thrive
- Murmurs

OBJECTIVE 9

1. b
2. f
3. d
4. e

OBJECTIVE 10

Answers must include:

- Tachypnea
- Intercostal retractions
- Nasal flaring
- Grunting
- Cyanosis

OBJECTIVE 11

1. d
2. c
3. a
4. c
5. c
6. b
7. b
8. a
9. d
10. a
11. d

OBJECTIVE 12

1. c
2. a

OBJECTIVE 13

1. b
2. a
3. d
4. b

OBJECTIVE 14

1. d
2. b
3. c
4. c
5. a